Club or Academy: ___________________________________________
Advisor or Lead Teacher and Room No: __________________________
Date Submitted: ____________________________________________

Clairemont High School
Facility Use Request

Date(s) of Activity: __________________________________________________________________________________

Description of Fundraising Activity: ____________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Time of Activity: ____________ AM or PM   Set-Up Time: ____________ AM or PM   Ending Time: ____________ AM or PM

Name of Certificated Staff Present at Event: _____________________________ Cell Phone No: ___________________

Check Facility Needed: (please identify a 1st and 2nd facility choice)

- Stadium
- Cafeteria
- Auditorium
- Softball Field
- Tennis Courts
- Gym
- Staff Dining Room
- Library
- Baseball Field
- Lunch Quad
- Other: ________________

Check Equipment Needed and Provide Quantities if Applicable

- # _______ Chairs
- # _______ Tables
- Microphone
- Podium
- Promethean Board
- Projector
- Bleachers
- Other: ________________

APPROVALS

Athletic Director: ________________________________________________

Site Operations Specialist (SOS): ____________________________________

Principal or Associate Principal: _____________________________ Date: ________________

*Please return to H Fulton when approved