Print Form

Date entered _____

Higley Unified School District #60

Community Education
2935 S. Recker Road
Gilbert, AZ 85295

FACILITIES USE REQUEST FORM

Facilities Use Request form must be received by HUSD Community Education Department at least 5 days prior to date requested.

Name of Organization/Individual _____

Person in charge _____ **Phone Number** _____

Estimated Number of Attending ____ **Campus Requested** _____

Rooms Requested _____ **Event Time** _____

Date(s) Requested _____ **Time(s) Requested** _____

_____ _____

_____ _____

Purpose for which facilities will be used _____

Room arrangements/comments (Please be specific and show diagram for set-up _____

_____

Number of Chairs _____ **Number of folding tables** _____ **Number of lunch tables** _____

Additional equipment needed: ☐ **Video Projector** ☐ **Overhead Projector** ☐ **Sound System**

☐ **Screen** ☐ **Risers** ☐ **Sound Shells** ☐ **Podium** ☐ **Televison/VCR**

☐ **Microphone** **How many** ____

Room arrangement should look like this:

_____ **Date** _____
Signature of Sponsor/Individual

_____ **Date** _____
Principal/Designee Approval

_____ **Date** _____
Community Education Approval

_____ **Date** _____
Custodial Assignment