



### Building Usage Form

Association / Group: \_\_\_\_\_

Function: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Setup: \_\_\_\_\_ Cleanup: \_\_\_\_\_

Time(s) of Event: \_\_\_\_\_ Setup: \_\_\_\_\_ Cleanup: \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of second person in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

What facilities will be used?

- Cafeteria       Kitchen       Main Gym       Auxiliary Gym
- Classrooms       Auditorium       Track/Field       Chapel

Will alcohol be served?     Yes     No

(If yes, students are not permitted to attend or help with the event.)

Who will be responsible for cleanup and lockup? \_\_\_\_\_

Do you need a janitor?     Yes     No

Is there anything else we need to know about your function?

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Signature of Approval: \_\_\_\_\_

Date: \_\_\_\_\_

# Athletic Facility / Auditorium Usage

## Athletic Facility Usage

What facilities will be used?

- Main Gym       Auxiliary Gym       Track/Field

What areas will you need access to?

- Locker Rooms/Showers       Equipment Rooms       Referee Room

What equipment is needed (balls, nets, scoreboards, etc.)?

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Will the sound system be used?     Yes     No

Is there anything else the Athletic Director needs to know about your function?

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## Auditorium Usage

What areas of the auditorium will be used?

- Main Stage Area     Lower Stage Area

What equipment will be required for your function?

- Stage Lighting       Sound System       Projection Screen

Name of person responsible for running technical equipment: \_\_\_\_\_

Is there anything else we need to know about your auditorium usage?

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Signature of Approval: \_\_\_\_\_

Date: \_\_\_\_\_

# Kitchen / Chapel Usage

## Kitchen Usage

Name of person responsible for using the kitchen equipment: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

What equipment will be used? Please check all that apply.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Convection Ovens | <input type="checkbox"/> Combi Oven            | <input type="checkbox"/> Kettle         | <input type="checkbox"/> Slicer          |
| <input type="checkbox"/> Mixer            | <input type="checkbox"/> Reach-In Cooler       | <input type="checkbox"/> Microwave      | <input type="checkbox"/> Crock Pots      |
| <input type="checkbox"/> Serving Utensils | <input type="checkbox"/> Dishes                | <input type="checkbox"/> Walk-In Cooler | <input type="checkbox"/> Walk-In Freezer |
| <input type="checkbox"/> Steam Tables     | <input type="checkbox"/> Dishwasher            | <input type="checkbox"/> Coffee Makers  | <input type="checkbox"/> Ice Machine     |
| <input type="checkbox"/> Roasters         | <input type="checkbox"/> Washing Machine/Dryer | <input type="checkbox"/> Silverware     | <input type="checkbox"/> Towels/Aprons   |

Food Code Regulations restrict the cafeteria staff from using any food or drink not prepared by certified employees. Please do not leave any leftovers behind.

Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Chapel Usage

Name of priest celebrating Mass: \_\_\_\_\_

Number of hosts needed: \_\_\_\_\_

Will the choir microphones be needed?  Yes  No

Is there anything else we need to know about your chapel usage?

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Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you! Your cooperation in filling out this form will aim to eliminate any problems with the use of our facility and help us to better serve you.

– The Administration of Elk County Catholic High School