



Haverhill High School

Use of Facilities

INTERNAL – STAFF REQUESTS

Please Print

Name of Organization/Club/Class: _____

Contact Name: _____ Phone/Ext. #: _____

Request for Use of:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Gym - Large | <input type="checkbox"/> Main Office Conference Room - Small |
| <input type="checkbox"/> Gym - Small | <input type="checkbox"/> Main Entrance Conference Room - Large |
| <input type="checkbox"/> Library | <input type="checkbox"/> Mall |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Classroom(s) _____ |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Other _____ |

Date(s) Requested: _____

Expected Number of Participants: _____

Time Frame: Set Up Arrival Time: _____ AM/PM Start Time: _____ AM/PM End Time: _____ AM/PM

Additional Information: _____

| | | | |
|---------------------------|-------------|----------------------------|-------------|
| _____ | _____ | _____ | _____ |
| <i>Employee Signature</i> | <i>Date</i> | <i>Principal Signature</i> | <i>Date</i> |

FOR OFFICE USE ONLY

Availability: YES NO GYM: *Director of Athletics* AUDITORIUM: *Play/Musical Advisor*

Approved Declined – Reason: _____

Room Reserved in MVC Calendar: YES NO By: _____