

**YORK SCHOOL DISTRICT -----Facility Usage Form York, Maine**



Event Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date(s) of Function/Event: \_\_\_\_\_

**ORGANIZATION/INDIVIDUAL INFORMATION**

Name of Organization/Individual: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EVENT INFORMATION**

Event Date: \_\_\_\_\_ Day: \_\_\_\_\_

Event Time: Set-Up: from \_\_\_\_\_ to \_\_\_\_\_

Actual Event Time: from \_\_\_\_\_ to \_\_\_\_\_

Clean-Up: from \_\_\_\_\_ to \_\_\_\_\_

Description of Event (lecture, concert, drama, dance, auction, tournament, movie, etc):

\_\_\_\_\_  
\_\_\_\_\_

If admission is being charged, state ticket price(s): \_\_\_\_\_

Number of expected participants (including audience/spectators) per show/event: \_\_\_\_\_

**FACILITY INFORMATION**

**Check all that apply:**

Auditorium	<input type="checkbox"/>	Multi-Purpose Room	<input type="checkbox"/>	Ticket Booth	<input type="checkbox"/>
YCA Lobby	<input type="checkbox"/>	Concession Booth	<input type="checkbox"/>	Band Room	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	Library	<input type="checkbox"/>	Chorus Room	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>				

Type of Room Set-Up (classroom style, banquet, lecture, etc) \_\_\_\_\_

Equipment Needed (podium, easel, projection screen, tables, chairs, microphones, choral risers, music stands, piano, keyboard): \_\_\_\_\_

***AUDITORIUM SPECIFIC INFORMATION***

*\* All mp3 files, YouTube clips, music to video files, CD's, etc, must be sent to the house manager **at least 72 hours prior** to the set-up time for the event.*

*\* Facility will not be open until the person responsible for the organization/event is on the premises.*

**We will return the Approval Message Via - Email**

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Denied/ Confirmed: \_\_\_\_\_

Facility/School Assigned: \_\_\_\_\_

Principal: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Please make checks payable to: YORK SCHOOL DEPARTMENT Payment should be made at least 10 days prior to scheduled event.

Date Denied (State Reason): \_\_\_\_\_

\_\_\_\_\_  
Signature/Title Date

Principal \_\_\_\_\_ Custodian \_\_\_\_\_ YCA House Manager (if applicable) \_\_\_\_\_ Organization \_\_\_\_\_

**Please return form to Stephanie DeMartini at York High School Front Office or attached in an e-mail to [sdemartini@yorkschoools.org](mailto:sdemartini@yorkschoools.org)**