

**Rochester Community School Corporation  
Application for Use of School Facility**

Building \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Facilities to be Used (Be Specific)

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

| Date(s) Of Use | Time of Arrival | Begin Time | End Time | Clean-Up Estimated To End |
|----------------|-----------------|------------|----------|---------------------------|
| _____          | _____           | _____      | _____    | _____                     |
| _____          | _____           | _____      | _____    | _____                     |
| _____          | _____           | _____      | _____    | _____                     |

Description of Planned Activity  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person in Charge \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Will Food Services Be Required By the School? Y\_\_\_\_ N\_\_\_\_

Private Caterer? Y\_\_\_\_ N\_\_\_\_

If Yes Business Name \_\_\_\_\_

Special Equipment/Arrangements Requested  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** A school supervisor will be required. Final billing will be determined based upon actual use. All checks for facilities rental and supervisor's services are to be made payable to the Rochester Community School Corporation and sent directly to the School Corporation Administration Building. An estimate of charges is attached hereto. *The Board reserves the right to cancel any permission granted.*

\_\_\_\_\_  
Applicant Date Principal Date

**OFFICE USE ONLY**

Category \_\_\_\_\_ Liability Insurance Y\_\_\_\_ N\_\_\_\_ Date Received \_\_\_\_\_

## ROCHESTER HIGH SCHOOL Auditorium Special Equipment

Please check and list the number of any special equipment or requirements you have for your use of the R.H.S. auditorium.

\_\_\_\_\_ Podium:  
Where: Stage \_\_\_\_\_, Front of Auditorium \_\_\_\_\_,  
Other - please specify \_\_\_\_\_

\_\_\_\_\_ Microphones(s)  
Please check and indicate number  
Regular microphone(s) \_\_\_\_\_, Cordless microphone(s) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

Where: Please explain where your microphones should be set up.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Lights:  
1. Simple lights on the apron of the stage, on and off \_\_\_\_\_  
2. Lights on the apron of the stage, fading cues requiring a lighting crew \_\_\_\_\_  
3. Simple lights, the entire stage, on and off \_\_\_\_\_  
4. Lights on the entire stage, fading cues requiring a lighting crew \_\_\_\_\_

\_\_\_\_\_ Spotlight

\_\_\_\_\_ Sound equipment (tapes, music, etc.)  
Please specify \_\_\_\_\_

\_\_\_\_\_ Piano  
Where: Stage \_\_\_\_\_, Front of Auditorium \_\_\_\_\_  
Other - Please specify \_\_\_\_\_

\_\_\_\_\_ Table(s):  
Where: Stage \_\_\_\_\_, Hall \_\_\_\_\_,  
Other - please specify \_\_\_\_\_

\_\_\_\_\_ Chair(s):  
Where: Stage \_\_\_\_\_, Hall \_\_\_\_\_,  
Other - please specify \_\_\_\_\_

If you are fading lights or using a spotlight or the sound equipment, you must employ R.H.S. crew members to operate the equipment. Please indicate the times the crew members will be needed.