

**INTERLAKE HIGH SCHOOL
REQUEST TO SCHEDULE SCHOOL FACILITY**

Today's Date 12/05/2011

Date of Activity Jan 11, 2012
Day of Activity Wed

Nature of Activity EDC Testing
Katie Klug
Activity Advisor _____ Contact Number _____

- Library
- Commons
- Theater
- Counseling/Career Center
- Conference room 1506 (admin. Office) Conference room 1514 (admin. Office)
- Classroom # _____ # _____ # _____ # _____
- Horticulture Classroom
- Outside Gym
- Main Gym (any gym usage must be pre-approved/pre-arranged with the Athletic Director)
- Upper gym

Time Requested: from: _____ am/ pm to: _____ am/ pm
Performance: _____ am/ pm to: _____ am/ pm

- Please check if needed: north south upper
- Bleachers _____
 - Tables ^{Testing} number needed 55 #'s to come
 - Chairs number needed 120 #'s to come
 - PA System
 - Lighting/Lighting Crew
 - Other equipment needed

*order from
Connie Sosa*

*ordered by
LC
arriving on
1/10/12
pick up on
1/12/12*

By signing below you agree to have the facility and equipment returned to original order
Custodial fees paid? Yes _____ No _____

Date entered on the building calendar _____ Number of participants expected: _____

Additional Info _____
Signed by Katie Klug (Advisor) _____ 12/15/11 (date)

Office Manager: _____ (date)