

2009-10 Activity Building Use Request – Newport High School

NHS Activities or Athletics need only to complete this form. All other users should fill out this form plus District Building Use Form.

Name of Activity: Career and Technical Education Year End Celebration

Date(s) of Activity: Wednesday May 5, 2010

Set-up begins at: 3:30

Time of Event: 5:00-7:00

Lock-up at: 7:30

Number of Participants: 100

Organization Sponsoring Event: CTE

Contact Name/Phone (advisor/coach required if NHS activity):
Kathy Carpenter / CTE Adm Secretary for Wes Bradin

Custodial Needs (if any):
Clean up

Technology Needs (if any): Microphone (how many:) Microphone stand Speakers
 TV DVD/VCR player LCD Projector Projection Screen
 Other

Facility Requested Classroom Specific Room #
(Please see map on back for set-up needs) Gym (indicate Main/Outside/Upper – Circle One)
 Library
 Counseling/Career Center
 Theater (Scheduled through the BSD only after school hours)
 ♦ Theatre use expectations: No food or drink allowed at any time. Remain with class at all times. No backpacks. Leave in classroom when possible or PAC foyer. Scan isles for trash prior to leaving PAC. Standard DVD/VCR is available with sound system/mic.
 Commons
 Conference Rooms (Large and Small) – Schedule on Sharepoint
 NHS Stadium (Turf)
 Other NHS Fields (Specify)
 Other (Specify):

Comments: We would like to reserve the commons from 3:30-7:30. Same for the theater but will only need Office Use Only the theater for one hour

Mr. James _____ **Date:** _____
Mrs. Jones _____ **Date:** _____

Where to Post: Website Community Calendar Internal Facilities Calendar

Copies to:
 Custodial Tech Coordinator Other: _____
 Librarian _____

PAC EQUIPMENT FORM; Directions for use (please read):

Complete this form by circling the boxes in the row of equipment needed, within the column of the school being used. If available, a 'Y' will be indicated, if not available 'N' is indicated. If a number is indicated it means that is the total number available at that school; circle and then make a note as to how many are actually needed.

Add special instructions on each line or at bottom and turn in 30 days in advance of program. When a dollar sign is indicated it means there are associated costs for use. Email back to sender or fax to 425.456.4584.

| | |
|---|-----------------------------------|
| Name of Event: CTE YEAR END | Your Name: KATHY CARPENTER |
| Date of Event: 5/5/10 School: NHS | Contact Number: 41811 |
| Description of Event: Program, dinner Advisory Committee meetings | |

| Add Comments in this column ↓ | | IS | IHS | NHS | SHS |
|---|---|-------|-------|----------|------|
| STAGE | | | | | |
| FULL STAGE Or | | Y | Y | Y | Y |
| HALF STAGE Or | (From mid-traveler or center stage forward) | N | Y | Y | Y |
| APRON ONLY | (In front of Grand or main curtain only) | Y | Y | Y | Y |
| Grand Curtain Set | Circle one of the following: 1) Down & closed 2) Down & open 3) Stage Framed | | | | |
| Podium | Identify which side of stage | Y | Y | Y | Y |
| Choir Risers | | N | Y | Y | Y |
| Band Risers | | N | Y | N | N |
| Platforms | | N | N | N | Y |
| Shells | Associated Costs | N | \$Y | \$Y | \$Y |
| Clouds | Associated Costs | N | N | \$Y | \$Y |
| LIGHTING | | | | | |
| House/Lecture | Audience and apron only lights only | Y | Y | Y | Y |
| Standard | Operated by User from panel | Y | Y | Y | Y |
| Custom | Requires Technician -- Specific; Include info on spots & gentle lift | \$Y | \$Y | \$Y | \$Y |
| AUDIO | | | | | |
| Use of most all items below requires a technician (\$ for public users) | | | | | |
| Choir Mic | | 2 | 2 | 0 | 2 |
| Stage Monitor | | 4 | 4 | 4 | 4 |
| Handheld Wireless Mic | | 1 | 1 | 2 | 1 |
| Lapel Wireless Mic | | 0 | 1 | 1 | 1 |
| Countryman Wireless Mic | | 0 | 0 | 1 | 1 |
| Floor Mic | | 0 | 4 | 0 | 3 |
| Directional Mic | | 2 | 6 | 6 | 6 |
| Instrument Mic | | 1 | 2 | 2 | 2 |
| Communication Head-Sets | | 6 | 6 | 12 | 6 |
| Projector (permanently mounted) | User must bring in computer to project presentations/dvds | Front | Front | Front | Rear |
| Projection Screen | Permanently mounted in front of Grand or Main Curtain at all schools | Y | Y | Y | Y |
| CD Player | | Y | Y | Y | Y |
| DVD Player | | Y | Y | N | N |
| Assisted Listening Devices | | N | Y | Y | Y |
| Mic Stands | | Y | Y | Y | Y |
| Music Stands | Must be Ordered in bulk of 30; 60 total for public users only | Y | Y | Y | Y |
| Piano | Uprights only; flat use fee of \$120.00 | \$Y | \$Y | \$Y | \$Y |
| Computer (User Provided) | | N | N | N | N |
| Other | | | | | |
| "Green" Room | List items needed, i.e., tables, chairs | Y | Y | Y | Y |
| Ticket Booth | | N | Y | Y | Y |
| Coat Room | | N | N | N | Y |
| Orchestra Pit | Flat Fee of \$100.00 cover removal/installation | N | \$Y | \$Y | \$Y |
| Lobby | | Y | N | N | Y |
| Other Rooms Needed | List other rooms being used | | | | |

Additional Comments: (please be as specific as possible, we will be using this to support your event)