

FACILITY REQUEST PROCEDURE INTERNAL/DISTRICT-RELATED GROUP REQUEST

Please DO NOT print signs, flyers and schedules or promote a program until your request is entered on the calendar and approved by administration.

ALL internal/district related groups wishing to use the facilities at Canton South High School should follow the following procedures:

- Fill out the form and return at least **two weeks** prior to your event needs. Please keep in mind the building is shared with many community partners, our own schools, athletics, school clubs and organizations. In order to have your request processed, the sooner you apply for an area, the more likely the date, location and time will be available.
- In order to schedule the building correctly and successfully meet your program needs, please check the areas for equipment needs, audio visual needs and custodial needs.

Please return this form to the correct person listed below:

ARTS, COMMUNICATIONS, BUILDING EVENTS, STAFF MEETINGS, COUNSELOR EVENTS, BOOSTER CLUBS, AUDITORIUM EVENTS, ORGANIZATIONAL EVENTS, AND COMMUNITY PARTNERS/ PUBLIC INTEREST GROUPS FOR COMMUNITY EVENTS & PROGRAMS

- **Chris Noll**, Director of Operations, District Office - 600 Faircrest St SE, Canton OH 44707 or scan to chris.noll@cantonlocal.org (330-484-8010)

ATHLETIC SPORTING EVENTS, COACHES/PARENT & PLAYERS MEETINGS, & SPORTS BOOSTER CLUBS

- **Matt Dennison**, Athletic Director, CSHS - 600 Faircrest St SE, Canton OH 44707 or scan to matt.dennison@cantonlocal.org (330-484-8000)

**Building rental contracts and liability policy agreements can be obtained from Chris and Matt.

APPROVAL: The event and date listed above is approved as written or with any changes noted above.

Is contract needed _____ YES _____ NO Contract received from _____ Date: _____

Event entered by: _____ Date: _____

Event declined by: _____ Reason: _____

Building approval _____ Date: _____

District approval _____ Date: _____

CANTON LOCAL SCHOOL DISTRICT PERMIT FOR USE OF SCHOOL FACILITIES

DATE OF EVENT _____

NAME OF GROUP REQUESTING FACILITY _____

FACILITY REQUESTED:

WALKER: _____ GYM _____ CAFETERIA _____ CLASSROOM

FMMS: _____ GYM _____ CAFETERIA _____ CLASSROOM

CSHS: _____ PERFORMING ARTS CENTER _____ RED ASH GYM _____ AUXILIARY GYM _____ CAFETERIA
_____ CS COMMUNITY ROOM _____ CS FOOTBALL STADIUM _____ CLASSROOMS _____ DESIGN CENTER

CONTACT PERSON WHO WILL BE PRESENT FOR THE EVENT: _____

CELL: _____

CONTACT PERSON FOR PUBLIC: _____

PHONE: _____ EMAIL: _____ FLYER: ___YES ___NO

WEBSITE LINK: _____

EVENT DETAILS

EVENT SET UP TIME: _____

EVENT START TIME: _____

EVENT TEAR DOWN TIME: _____

EVENT END TIME: _____

APPLICANT SIGNATURE: _____

DATE SUBMITTED: _____

CUSTODIAL NEEDS

CUSTODIAN NEEDED? _____YES _____NO

HOURS NEEDED: _____

NUMBER OF TABLES: _____ 6' _____ 8'

NUMBER OF CHAIRS: _____

CONCESSION STAND: _____YES _____NO

KITCHEN USE: _____YES _____NO

GUESTS WILL ENTER THROUGH DOOR: _____ ATHLETIC/PERFORMING ARTS _____ OFFICE/MAIN

SPECIAL NEEDS OR REQUESTS FOR CONSIDERATION: _____

TECHNOLOGY NEEDS: _____

PODIUM NEEDED: _____YES _____NO

PROJECTION SCREEN: _____UP _____DOWN