



**Lakeview Public Schools  
R.H. Schaublin Auditorium  
Facility Use Request**

**Date Submitted:** \_\_\_\_\_

**All individuals and organizations should use this form for requests. Please use a separate form for each event.**

**Organization/Individual Requesting Space** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

<b>Event:</b> _____	<b>Time Requested</b>
<b>Date Requested:</b> _____	<b>Set-up start time:</b> _____
	<b>Event start time:</b> _____
<b>Estimated Attendance:</b> _____	<b>Event end time:</b> _____

**Facility to be used: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Auditorium w/Dressing Rooms & Lobby  | <input type="checkbox"/> Band Room          |
| <input type="checkbox"/> Room A19                             | <input type="checkbox"/> Choir Room         |
| <input type="checkbox"/> Commons (Hall between lobby and A19) | <input type="checkbox"/> Classroom(s) _____ |

Equipment Requested	Count	Comments
Chairs		
Tables		
Microphones		
Follow Spot(s)		
LCD Projector		
Mirror Ball		
Fog Machine		
Sound Shell		
Risers		
Podium		
Upright/Grand Piano		
Other		

Approved     Denied    **Building Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Auditorium Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_