

CHELSEA HIGH SCHOOL ATHLETIC FACILITY USE REQUEST FORM

Name: _____ Organization: _____

Date(s) Requested: _____

Times of the Event: _____

Area(s) Needed: _____

Reason for the Request:

Administrator who will supervise the event _____

Name of Shelby County Employee who will be responsible for the keys _____

If you are requesting the use of the following areas or equipment you will have to get the following people to sign off.

Gymnasium – Michael Napp _____

Will you be responsible for clean up? **YES** **NO**

If **NO**, there will be a \$25 to \$100 Clean up Fee charged, depending on the area used.
If **YES**, you must complete the following checklist and have a Chelsea School Administrator or Athletic Director/Coach sign off on the completed form.

CLEAN UP CHECKLIST (Locker Room, Lobby, Gym)	
	Pick up all trash
	Sweep bleachers and floor
	Close bleachers (coach/sponsor responsibility)
	Mop spills
	Trash should be taken to dumpsters, replace trash bags
	Locker rooms cleaned if used (flush toilets, pick up trash, secure doors)
	Return used equipment (including chairs, tables, etc.)
	Turn off lights
	Secure and lock all doors

Signature: _____ Date: _____

Please complete the attached HVAC scheduling request if you need heat or air and return with form.

Please send completed forms to Wade Waldrop at least 2 weeks prior to event.

For office use only

Date Received: _____

Approved Date: _____ Approved Signature: _____

HVAC SPECIAL REQUEST

Fax To HVAC @ 682-7105

<u>School</u>	<u>Date you are Requesting</u>	<u>Area</u>	<u>Start Time</u>	<u>Stop Time</u>	<u>Requestor Name</u>

Fax Date: _____

Principal Signature: _____