



Internal Use of Facilities/Activities Form

Completed form is due to Alicia at least 10 working days prior to first day of activity.

Date submitted (today's date): _____

Activity/Description of activity: _____

Name of advisor over the event: _____

Day/Date of event: _____

Reserved time: From: _____ To: _____

Actual time of event: From: _____ To: _____

Facilities being used during event:

<ul style="list-style-type: none"> <input type="radio"/> Stadium Field <input type="radio"/> Softball Field 2 (JV) <input type="radio"/> Softball Field 1 (Var) <input type="radio"/> Baseball Field 3 (JV) <input type="radio"/> Baseball Field 4 (Var) <input type="radio"/> Back Field 3 <input type="radio"/> Track <input type="radio"/> Blacktop 	<ul style="list-style-type: none"> <input type="radio"/> Pool <input type="radio"/> Tennis Courts <input type="radio"/> Parking Lot <input type="radio"/> School Grounds <input type="radio"/> Senior Square <input type="radio"/> A/B Cafeteria <input type="radio"/> E/F Cafeteria <input type="radio"/> Student Union 	<ul style="list-style-type: none"> <input type="radio"/> Large Gym <input type="radio"/> Small Gym <input type="radio"/> Locker Room/Girls <input type="radio"/> Locker Room/Boys <input type="radio"/> Classroom _____ <input type="radio"/> Prof. Dev. Room <input type="radio"/> Weight Room <input type="radio"/> Theater <input type="radio"/> Other _____
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Is the facility available on the required date? Yes No
 (Casa's facilities calendar can be found [HERE](#))

*Number of people expected (approx.)? _____

Please note any special needs for this event on the reverse side of this form.

Has your activity been approved by Student Government? Yes No Date: _____

ALL signatures required to approve event:

Signature & Date:

1. Entered onto Civic Calendar

2. Admin in Charge

* Please note: ALL functions at Casa having 500 attendees and/or participants, or more, are REQUIRED to provide traffic control to encourage onsite parking rather than parking on the neighborhood streets.

Diagram of set up (Attach a separate piece of paper, if needed):

Special needs for this event:

PA/Sound system: Yes No

Time heat or air will be needed: _____

Podium needed: Yes No

Number of tables needed: _____

Number of chairs needed: _____

Custodial help needed: From: _____ To: _____

Custodial impact fee \$ _____

Setup approval: _____

COMMENTS: _____

If you require additional custodial assistance, please email Tracy Boone at tracy.boone@sanjuan.edu.

If you have any questions, please contact Tina Jacobson at (916) 971-5485