

**WOODLAND PARK SCHOOL DISTRICT RE-2
AUDITORIUM/LOBBY FACILITY USE REQUEST FORM
(Please return at least two (2) weeks prior to your event)**

Name of Contact Person: _____ **Date of Request:** ____/____/____
(If contact person is not a member of the school district staff, please provide a complete mailing address and a daytime phone number)

Organization/Club/Class: _____

Address: _____
Street City Zip

Phone: (____) _____ - _____ **Ext.:** _____ **Email:** _____

Nature of Event: _____

Number of Participants: _____ **Name of Supervisor:** _____

Date:	Day (Mon, Tue, etc.)	Time of Use (am/pm)		Time of Event		Total Hours
		Start:	End:	Start:	End:	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

USE REQUESTS

Area:

_____ Auditorium Stage	_____ Lobby
_____ Auditorium Apron	_____ Lobby Restrooms
_____ Dressing Rooms	_____ Concessions
_____ Cry Room	_____ Other Specify: _____

Set-Up Style:

_____ Lecture Style	_____ Panel Discussion
_____ Theatrical Performance	_____ Movie/Video Presentation

Equipment: (Fees may apply)

_____ Cabled Microphone	_____ USA flag
_____ Wireless microphone	_____ Colorado State Flag
_____ LCD projector	_____ Podium
_____ DVD/VCR	_____ 6 ft. table (specify number ____)
_____ Laptop	_____ Chairs (specify number ____)
_____ Overhead Projector	_____ Up-right piano
_____ Sound – CD/Tape*	_____ Baby Grand piano
_____ Theatrical Lighting*	
_____ Follow spot	

**additional information is required for these items. Please contact the Theatre Manager*

Special Concerns: _____

Clean-up will take place on: _____ **Performed by:** _____

Certificate of Liability Insurance is required to be on file for all non-school, district sponsored, events prior to the date of the event.

Theatre Manager Approval Date

Technical Approval Date

Administrative Approval Date

Please email completed request to: facilities@wpsdk12.org