

NORTHLAKE CHRISTIAN SCHOOL

Buildings, Fields and Equipment Use

Date: _____ Person/Group in Charge: _____

NOTE: An Adult MUST be present in any and all classrooms or buildings where children are present

Name of Facility Being Used: _____

Date and Time of Activity/Use: _____

Please State Purpose: _____

Describe Desired Facility Use: (Please name event, amount of seating needed or people expected and whether refreshments will be served)

List All Equipment Planned for Use:

____ Folding Tables ____ Folding Chairs ____ Bleachers (Wooden, Metal) ____ Risers ____ Stage Extensions
____ Stage Stairs ____ On Stage Projector Screen ____ Overhead Projector ____ VCR/CD Player/DVD Player
____ Microphone ____ WAPA Sound System ____ Large Sound System ____ Concession Stand ____ Score Board
____ Rental Equipment Needed _____ Other _____

Use this space for diagram of set-up:

Workers/Times:

Set-Up Time: _____ Clean-Up will be finished by (time): _____

Set-Up Crew: _____ Clean-Up Crew: _____

Employee Present at Activity & Responsible for Trash Disposal & Lock-up: _____

Other: (list names of those who will be transporting any equipment off-campus for an activity) _____

Remarks:

Submitted by (Employee)

Approved by (Supervisor)

Approved by (Head of Schools)
(for non NCS group request)

Office Use Only:

Reserved on calendar on _____ by _____ Copy given to _____

____ Keys (if required) given to _____ By _____

____ Keys returned by _____ Received by _____

