

WARREN EASTON CHARTER HIGH SCHOOL

FACILITY REQUEST FORM

FACILITIES ARE FOR APPROVED MEETINGS OR FUNCTIONS ONLY

Requests are subject to approval and must be submitted at least three (3) weeks prior to your event. All student-chartered organizations must retrieve signatures of all titles listed below. Incomplete forms will not be processed.

Calendars are updated daily, and requests are approved on a "First-Come First-Served" basis.

REQUESTOR'S CONTACT INFORMATION

Requestor/Sponsor Name _____ Phone _____ Email _____

Are you affiliated with Warren Easton Charter High School? Yes No

If yes, please select all that apply? Current Student Faculty or Staff Board Member Alumni Class of _____

Other - Please explain: _____

ORGANIZATION'S INFORMATION

Organization/Company: _____

Organization Type: Individual (Personal Use) Commercial (Business) Non-Profit (Tax-Exempt) - EIN Required _____

Department/Organization Website (if any): _____

VENUE REQUESTED

Arthur Hardy Auditorium Gymnasium Other: _____
 Cafeteria Legacy Field (Salcedo St. Side) _____
 Classroom(s) # of Rooms: _____ Library

EVENT DATE

Is this a recurring event? Yes No If yes, how often will your event be held? Weekly Bi-Weekly Monthly Yearly

Date and Alternate Dates of Event(s): _____ Setup Time: _____ Breakdown Time: _____ Start Time: _____ End Time: _____

Alternate Date 1: _____

Alternate Date 2: _____

EVENT DETAILS

Name of Event: _____ Type of Event (Fundraising, Educational, Community Outreach, Concert, etc.): _____

Estimated Attendance: _____ Open to public? Yes No Ticketed Event or Money Collected at Door? Yes No

DJ/Live Entertainment? Yes No Catered Event? Yes No Selling/Serving Alcohol? Yes No

Event Description/Purpose (Please list names of all speakers, hosts, entertainment (performers, hosts, disc jockey (DJ), etc.) and/or personalities): _____

*Setup/Formats and designs must be submitted for approval

EQUIPMENT**Furniture/Equipment Request:**

[] # of Rectangular Tables
 [] # of Table Rounds
 [] # of Chairs
 [] # of Linen
 Lectern/Podium
 Other: _____

IT, AV, Lighting needs:

[] # of Microphones
 [] # of Mic Stands
 [] # of Column Lights (10 max)
 Projector and Screen AC Cord
 Promethium Boards Piano
 Other: _____

An authorized IT, AV and/or Light tech is required for (but not limited to) the use of:

- Microphones
 - Sound Booth
 - House Projector and Screen
 - Stage Lighting
 - Promethium Board
- *Additional equipment may have to be rented

Stage Props or Special Equipment used? Yes No: If yes, what type? _____

Please note: Warren Easton is not responsible for setting up, securing, or storing any equipment brought into the venues. All external equipment used, must be removed promptly by the end of your scheduled event.

SIGNATURES

Please email form to Facilities@wechs.org. The reservation will not be reviewed or confirmed without required signatures. By signing below, you have read and accepted the Facilities Guidelines and Use Policy. The privilege of using the facilities of Warren Easton is granted with the expressed understanding that the policies of Warren Easton Charter High regarding proper conduct will be observed. The sponsored organization accepts responsibility for the department of its membership and guests. Violations of Warren Easton Charter High School's policy may render an organization ineligible for future use of the facility.

Requestor/Sponsor Signature: _____ Date: _____

OFFICIAL USE ONLY

Principal: _____ Approved Denied Date: _____

Reason for Denial: _____

REQUEST CHECK LIST

<input type="checkbox"/> Request Received	Received Date: _____	<input type="checkbox"/> Event Insurance Certificate	Date Received: _____
<input type="checkbox"/> Date Available for Event	Date Approved: _____	<input type="checkbox"/> NOPD Contact (if applicable)	Date Received: _____
<input type="checkbox"/> Walk Thru	Date Completed: _____	<input type="checkbox"/> Waiver (if applicable)	Date Received: _____
\$ _____	\$ _____	\$ _____	\$ _____
Quote/Invoice Amount	Deposit	Date Received	Balance
		Date Received	

Requested Employee (Please Print)**Signature**

<input type="checkbox"/> Site Rep:	_____	_____	Date: _____
<input type="checkbox"/> Maintenance:	_____	_____	Date: _____
<input type="checkbox"/> Security 1:	_____	_____	Date: _____
<input type="checkbox"/> Security 2:	_____	_____	Date: _____
<input type="checkbox"/> AV Tech:	_____	_____	Date: _____
<input type="checkbox"/> IT Tech:	_____	_____	Date: _____
<input type="checkbox"/> Light Tech:	_____	_____	Date: _____