

# WESTERN BOONE JR.-SR. HIGH SCHOOL AUDITORIUM/AUDIO-VISUAL USAGE/CLASS-CLUB MEETING FORM

SUBMIT TO MR. COMPTON BY NOON ON FRIDAY

Check appropriate boxes for your needs.

Initials of Supv.

**1. MASTER CALENDAR** (all audit. events are to be scheduled on the master calendar)..

**2. CLASS/CLUB MEETING REQUEST** .....

*Location* .....

**3. AUDITORIUM USAGE REQUEST** .....

**4. AV EQUIPMENT USAGE REQUEST** (for auditorium).....

**5. CLASSROOM REQUEST FOR AV EQUIPMENT**.....

*Deliver to room number* ..... (return to Mrs. Shepherd)


Today's Date .....

Date of event .....

Start time of event .....

End time of event .....

Sponsor .....

Organization .....

Purpose .....

Equipment and services needed: (check please)

			QUANTITY
	Chairs on stage:	(Incl. diagram)	
	Lights:		
		House	
		Stage	
	Microphones:	Corded (limit 8)	
		Cordless (limit 2)	
	Podium:		
	Screen		
	Tables on stage:	(Incl. diagram)	
	Sound System/ CD Player		
Misc. Not Listed			
Special Instructions			

	Camcorder
	Cassette Recorder
	CD/Radio/Cassette Player
	Digital Camera
	DVD
	LCD Projector
	Laptop Computer
	Overhead Projector
	TV
	VCR
Misc. Not Listed	

AV No.		
Cart No.		

Ck out	
Ck in	