

SHC Staff Only Building Usage Form

____ General Request

____ Athletic Request

1. **Permission to use (check one):** ____ High School/Middle School ____ Rockhill Elem. ____ Shade Gap Elem. ____ Spring Farms Elem.

2. **Facility/Rooms desired:** ____ All-purpose Room/Cafeteria ____ Cafeteria/Kitchen Privileges ____ Gymnasium ____ Aux. Gym ____ HS/MS Auditorium ____
Athletic Field (specify) _____

3. **Name of Staff member that will be present when the door is unlocked and will remain until the last member has left:** _____

4. **Admission fee will be charged:** ____ YES ____ NO Adult fee _____ Student fee _____

5. **Date(s) desired:** _____ From: _____ To: _____
Time of actual event: _____ (list approximate time range)

6. **Purpose of request:** _____

7. **Name of organization/club:** _____

8. **Signature of President/Official:** _____

9. **Date of request:** _____

(Return the completed paper to Mrs. Winter (HS/MS facilities) or Mrs. Fish (Elementary facilities).

Principal _____

Athletic Director _____

Maintenance Supervisor _____