

## SEGUIN INDEPENDENT SCHOOL DISTRICT SHS Performing Arts Center Usage Request

Facilities Requested: (Check the box / boxes)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Main Auditorium   | <input type="checkbox"/> Dressing Rooms | <input type="checkbox"/> Make-Up Room |
| <input type="checkbox"/> Black Box Theatre | <input type="checkbox"/> Green Room     | <input type="checkbox"/> Other _____  |

Organization Name: \_\_\_\_\_  
 Purpose of Rental: \_\_\_\_\_  
 Est. Number Attending: \_\_\_\_\_ Approx. % of participants residing in SISD \_\_\_\_\_  
 Adult Responsible: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (Work/Home/Cell) Phone: \_\_\_\_\_ (Work/Home/Cell)  
 Will admission fees or donations be collected for this event? (Yes or No) \_\_\_\_\_

Date of Event:	Day of the Week:
Start Time:	End Time:
Facility Unlock Time:	Facility Lock Time:
Total Hours Use of Facility:	Administrator Needed? (Yes or No):
Security Needed? (Yes or No):	Custodian Needed? (Yes or No):
A / V Technicians Needed? (Yes or No):	Utilities (Circle):    A/C    HEAT

**PAC Furnishings / Equipment Needed** (Please Indicate Number):

Lectern: _____	Rectangular Tables: _____	Platform Risers: _____
Chairs: _____	Acoustical Panels: _____	Grand Piano: _____
Music Stands: _____	Choral Risers: _____	

**PAC Tech Equipment** (indicate Item / Number Needed):

Audio (Circle): CD    USB    Bluetooth	Wireless Headset Microphones: _____
Wired Microphones: _____	Lighting: _____
Wireless Hand Held Microphones: _____	Projector w/ screen (Circle): Yes    No
Wireless Lapel Microphones: _____	Other: _____

<p><b>Fine Arts Office Use:</b>                  DATE SUBMITTED: _____ PRIORITY CODE: _____ APPROVAL INITIAL: _____ DENIED: _____</p>
<p><b>SHS Office Use:</b>                  CC: FILE, TIJERINA (AC/HEAT), SPD, ROBLES, ADAM, CUSTODIANS                  COPIES FORWARDED BY: _____                  EVENT DATE ENTERED ON CALENDAR BY: _____</p>