

ABRAHAM LINCOLN HIGH SCHOOL - IN-HOUSE FACILITY REQUEST

Form must be submitted **at least TWO WEEKS** prior to the proposed date of activity.

EMPLOYEE INFORMATION

Employee Name: _____ Date: _____

Cell Phone Number: _____ Email: _____

EVENT INFO.	Name of Event: _____ Date of Event: _____
	Start Time _____ AM/PM. End Time _____ AM/PM. Post on Lincoln Events Calendar? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional Time to Prep? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the time: _____ before/_____ after. (please include your set up/take down time) Estimated Event Attendance: _____

Is this a fundraising event? Yes No. If yes all documentation must be submitted with request. Download and fill out the ASB Fundraiser Request Form at www.sandi.net/lincoln, click on Students → ASB → ASB Forms.

FACILITY - Please indicate preferred facility (ies).

<input type="checkbox"/> Main Theater	<input type="checkbox"/> Football Stadium	<input type="checkbox"/> Classrooms:
<input type="checkbox"/> Black Box	<input type="checkbox"/> New Gym	<input type="checkbox"/> Specify Classroom(s):
<input type="checkbox"/> Lobby	<input type="checkbox"/> Old Gym	<input type="checkbox"/>
<input type="checkbox"/> Box Office	<input type="checkbox"/> Baseball Field	<input type="checkbox"/>
<input type="checkbox"/> Green Room	<input type="checkbox"/> Softball Field	<input type="checkbox"/>
<input type="checkbox"/> Band room	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Penthouse:
<input type="checkbox"/> Boy & Girl Dressing Rooms	<input type="checkbox"/> Track	<input type="checkbox"/> Specify Penthouse(s):
<input type="checkbox"/> Scene Shop	<input type="checkbox"/> Concessions	<input type="checkbox"/>
<input type="checkbox"/> Restrooms in the theater	<input type="checkbox"/> Ticket Booth	<input type="checkbox"/>
<input type="checkbox"/> Microphone(s)	<input type="checkbox"/> Bleachers	<input type="checkbox"/>
<input type="checkbox"/> Projector	<input type="checkbox"/> Scoreboards	<input type="checkbox"/> Other facility:
<input type="checkbox"/> Audio System	<input type="checkbox"/> Press Box	<input type="checkbox"/>
<input type="checkbox"/> Table(s)	<input type="checkbox"/> Lights	<input type="checkbox"/>
<input type="checkbox"/> Chair(s)	<input type="checkbox"/> Restrooms @ Football, New Gym, or Old Gym	<input type="checkbox"/>

Custodial ** Security ** Theater Tech ** Costs may be incurred for custodial, theater tech and /or security personnel supporting your event. Please provide budget string: _____**

- I have read and understand all the information provided on this form. I understand that:
- This form must be submitted at least two weeks prior to the event. **LATE requests** will not be approved.
 - I will be notified when this request is approved and will contact Media tech / Plant Operation Supervisor for the needs in the theater if the theater is requested.
 - I will provide more information if this event is NOT school related and will contact the rental office rentals@sandi.net if needed.
 - I am responsible for organizing the event, removing all event items, and any damages or violations that occur. Refer District Administrative Procedure 9205, 6240, 9229, 7426, and related topics at <https://www.sandiegounified.org/policies-procedures>

Employee Signature _____ Date: _____

Please submit or email this form to Ruth Carroll, Admin Building, Room 133, rcarroll@sandi.net

APPROVALS		OFFICE USE ONLY	
Operations: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable		Final Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Date _____		_____ Date _____	
Administrative Assistant		Administrator	
Forwarded to: Custodial <input type="checkbox"/> Media <input type="checkbox"/>			