

NORTH ROYALTON CITY SCHOOLS
INTERNAL FACILITY USE APPLICATION
ALL FORMS MUST BE SUBMITTED ELECTRONICALLY TO:
facilityuse@northroyaltonsd.org

Today's Date:	
Name of Organization: North Royalton City Schools	
Person in Charge of Activity:	
Email Address of Person in Charge (for approval return):	
Purpose of Rental:	
School Requested <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Albion <input type="checkbox"/> Royal View <input type="checkbox"/> Valley Vista	
Facility(ies) Needed:	
(e.g.: Gym, Cafeteria, The Dan Calabrese Center for Performing Arts, Community Room, Media Center, etc.)	
Date(s) Needed:	Event Start Time:
During the Following Hours: (Make sure times include set up and tear down, and a half hour before and after)	
Monday to	Tuesday to
Wednesday to	Thursday to
Friday to	Saturday to
Sunday to	

CUSTODIAL SET-UP FORM

Please indicate below what type of set-up you require for your activity/event. Include equipment needed (tables, number of chairs, podium, mic, TV/DVD, LCD with screen, etc.), and if necessary, describe how you would like the room arranged. **Phone number for cancellation purposes only: 440-781-5997**

Describe Detailed Set-Up in this Area

Please return completed form to: Facilities Manager

Applicant's Name: _____ Date: _____

Facilities Manager's Approval: _____ Date: _____

OFFICE USE ONLY: Facilities Manager Activities Office Custodian Media Center Originator