

# CHHS Facilities Request

Submit to ASB/Athletic Dept **AT LEAST 3 Weeks Prior to event**

Event Name: \_\_\_\_\_

Event Description : \_\_\_\_\_

Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Set Up Time: \_\_\_\_\_

Break Down: \_\_\_\_\_

\*Has this event been solicited to students outside of CVUSD? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Do participants pay a fee? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Is this a Fundraiser ? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Has this event been sanctioned by CIF ? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Will there be vendors/food trucks present? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Contact Email: \_\_\_\_\_

Set-up Requirements (Check as needed): Provide a description of what you will need:

☐ Catering \_\_\_\_\_

☐ Custodial \_\_\_\_\_

☐ Electronics \_\_\_\_\_

☐ Event Break Down \_\_\_\_\_

☐ Grounds \_\_\_\_\_

☐ Heating/Air Conditioning \_\_\_\_\_

☐ Lighting (outdoor) \_\_\_\_\_

☐ Security \_\_\_\_\_