



# Grant Union High School Facilities Use and Event Checklist

Name of Event \_\_\_\_\_

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

Proposed Location for Event \_\_\_\_\_ Organization Sponsoring Event \_\_\_\_\_

Advisor: \_\_\_\_\_ Advisor signature: \_\_\_\_\_

**Fill out the top portion of this document and the give the below items to Ms. Villanueva/Ms. Woodard for approval from ASB first.**

1. A complete description of the event.
2. A staging plan for the event that includes places where specific supervision is needed.
3. A complete agenda.

**Once approved, all items and signatures need to be completed at least two weeks prior to event. If this documentation is not done two weeks prior, the event will be cancelled.**

ASB Approval- \_\_\_\_\_

Date of approval- \_\_\_\_\_

Agenda-  
(Villanueva) \_\_\_\_\_

Facility Approval-  
(Rodriguez) \_\_\_\_\_

Calendar-  
(Shepherd) \_\_\_\_\_

Staging Plan-  
(Rodriguez) \_\_\_\_\_  
  
(Villanueva) \_\_\_\_\_

Staff Supervision-  
(Villanueva) \_\_\_\_\_

Event Cost/Estimate-  
(Villanueva) \_\_\_\_\_

Student Clearance-  
(Villanueva) \_\_\_\_\_  
Roster \_\_\_\_\_  
GPA \_\_\_\_\_  
Behavior \_\_\_\_\_  
Attendance \_\_\_\_\_

Custodial-  
(Crenshaw) \_\_\_\_\_

Police Officer Request-  
(Keeling) \_\_\_\_\_  
  
(Woodard) \_\_\_\_\_

Event Income Procedure-  
(Woodard) \_\_\_\_\_

Public Safety Officer Request-  
(Tyes) \_\_\_\_\_

Sound System/Screens-  
(Perkins) \_\_\_\_\_

Administrative Supervision-  
(Hinson) \_\_\_\_\_

Completed Form Approval-  
(Hinson) \_\_\_\_\_

**Completed forms are to be returned to Ms. Villanueva no later than two weeks prior to the event.**