

JOHN HALCHIN MEMORIAL AUDITORIUM
Assemblies and Instructional Use
STAFF APPLICATION

Name _____ Date _____

Building _____ Grade/Class _____

Workday phone number or best way to contact _____

Date(s) required _____ Time(s) _____
(Please indicate if time(s) will be beyond the school day and any necessary set-up or take down time)

Activity/Program _____

Approximate number of students involved _____

EQUIPMENT NEEDED:

_____ LCD Projector/DVD Player/Overhead Projector (Circle piece(s) of equipment needed)

_____ Projection Screen

_____ Microphone(s): Specify number and type or use

_____ Microphone Stand(s): Specify number _____

_____ Podium – please indicate location (Stage or Floor) _____

_____ Spotlights and/or special lighting needs _____

_____ Risers, shells, other musical performance needs _____

_____ Stage Area (Please attach a sketch if appropriate)

_____ Other special needs. Please be specific!

This form is to be returned to FIONA CASIDA @ CHS. Scheduling will be confirmed and made on a first come basis.