



Appleton Area School District

USE OF BUILDING FORM FOR EAST CLUSTER SCHOOLS

Application Date:

Organization Name:

Contact Person:

Address:

City, State, Zip

Phone (H)

(W)

(C)

Email Address:

Type of Activity:

School: (Circle) East Madison Berry Foster Horizons Johnston McKinley Richmond

Room/Area to Reserve:

Date(s):

Day (check) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of Event: Beginning: AM or PM Ending: AM or PM

Set-up: AM or PM Clean-up: AM or PM

Please check all that apply: One Time Weekly Monthly

Jan. Feb. March April May June July August Sept. Oct. Nov. Dec.

Approximate Number of Participants:

Approximate Number of Spectators:

Please indicate any equipment that you will require:

- Overhead Microphone Music Stands Screen TV/Computer Choral Riser
 Podium VCR or DVD Band Riser Flipchart LCD Projector Upright Piano
 Spotlight Tape Recorder Grand Piano Multimedia Projector
 Number of chairs _____ Number of tables _____ Other _____

Additional Information Regarding Set Up:

Email completed form to: WETSELPATRICIA@asd.k12.wi.us or mail to: East High School, Attn: Patti Wetsel, Facilities Dept., 2121 Emmers Drive, Appleton, WI 54915 or fax to: 920-997-3991

Building Administrator _____ Activities Director _____

Stage Manager _____ Reservation ID _____