

YORK CENTRAL SCHOOL
P.O. Box 102 - Retsof, New York 14539
Phone: 585-243-1730, ext. 2222; Fax: 585-243-5269

SCHOOL FACILITIES REQUEST

Name of Requester: _____ Organization: _____

Purpose: _____

Facilities Requested: Gym: Elem _____; High School _____; Auxiliary _____
(please check) Field(s): _____
Pool: _____

Computer Lab: Cafeteria: Elementary _____ (or) High School _____ Kitchen use: _____
Elem: _____ Auditorium: _____ Sound: _____ Lighting: _____
MS/HS: _____ Library: Elementary _____ (or) High School _____ **(sound/lighting-see back of form)**
Business _____ Classroom(s): _____
Other: _____

Date(s): _____ **(No use on Sundays or Holidays)**
(Days of the week) (Month & Year Date)

Time: _____ to _____ Actual time of event: _____ No. of People: _____

Equipment Requested: _____
Note: If you have AV needs, please check the appropriate person below and complete back of request.

Custodial Assistance needed: _____ What doors/areas need to be opened: _____

Liability Insurance Certificate Required: Yes _____ No _____

Date Request Made: _____

Signature: _____ Phone: _____

Address: _____ Fax: _____

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**Prior Approval Required by: Phys. Ed. Dept. Coord.** \_\_\_\_\_ Date: \_\_\_\_\_  
(Pool use and Day Time Gym use)

**Director of Athletics** \_\_\_\_\_ Date: \_\_\_\_\_

If custodial or food service charge is required, indicate here: \_\_\_\_\_

Permission Approved \_\_\_\_\_ or Disapproved \_\_\_\_\_ **Note:** \_\_\_\_\_

**Signature of Superintendent:** \_\_\_\_\_ Date: \_\_\_\_\_

- Copies to:
- |                                           |                                                   |
|-------------------------------------------|---------------------------------------------------|
| _____ Tony Gullo, Head Custodian          | _____ Alison Guesno, Phys. Ed. Dept Coordinator   |
| _____ Michelle Dubiel, Front Desk         | _____ Ed Orman, Athletic Director                 |
| _____ Laurie Cutcliffe, Cafeteria Manager | _____ Eric Kelly, Auditorium Sound Tech           |
| _____ Mary Kate Noble, Elem. Principal    | _____ Mike Barrett, Auditorium Lighting Tech      |
| _____ Lindsey Peet, MS/HS Principal       | _____ Jeanne Saraceni, IT & Auditorium Video Tech |
| _____ Middle School Coordinator           | _____ Others: _____                               |

\*\*\*\*\* Please complete back of request if Auditorium is being used. Thank you\*\*\*\*\*

**[REQUESTER: IT IS IMPORTANT TO TURN LIGHTS OFF, SECURE AND LOCK AREA(S) BEFORE LEAVING]  
(Must clean up area after use) Please Note: Per School Policy #3280 - Use or possession of  
tobacco, alcohol, illegal drugs, or weapons is strictly prohibited anywhere on school grounds.**

# Y.C.S. Ivan F. Hilfiker Auditorium

## Audio/Visual/Lighting Requirements

Requester: \_\_\_\_\_ Organization: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SOUND:** \*\*\*\*\*(Eric Kelly will need minimum of 24 hours notice to set up)

Automatic – Stage Front Interface

\_\_\_\_\_ Microphone jack(s)

\_\_\_\_\_ Stereo RCA jacks (computer, DVD player, CD player)

Manual Sound Mixer Needed (technician required)

\_\_\_\_\_ Overhead microphones & microphone jack(s)

\_\_\_\_\_ Stereo RCA jacks (computer, DVD player, CD player)

Description/Notes: \_\_\_\_\_

\_\_\_\_\_

**VIDEO:** \*\*\*\*\*(Jeanne Saraceni will need minimum of 24 hours advance notice to set up.)

\_\_\_\_\_ Computer needed

Medium being utilized:

\_\_\_\_\_ Powerpoint

\_\_\_\_\_ DVD

\_\_\_\_\_ CD

Automatic – Stage Front Interface

\_\_\_\_\_ Flash Drive

\_\_\_\_\_ VGA jack

Other: \_\_\_\_\_

\_\_\_\_\_ RCA jack

Manual – Sound Mixer needed (technician required)

\_\_\_\_\_ VGA jack

\_\_\_\_\_ RCA jack

Description/Notes: \_\_\_\_\_

\_\_\_\_\_

**LIGHTING:** \*\*\*\*\*(Mike Barrett will need minimum of 24 hours advance notice to set up.)

Automatic – Preset buttons on wall touch pads

\_\_\_\_\_ Pre-programmed button required/Special Lighting (24 hour notice)

Description/Notes: \_\_\_\_\_

\_\_\_\_\_

**\*\* Note: This sheet must be completed & attached to Facilities Request\*\***