

REQUEST FOR USE OF DISTRICT AUDITORIUM

Please complete this form and electronically submit to:

Lori McAllister
Music Department
Troy Middle School
1976 Burdett Avenue
Troy, NY 12180
mcallisterl@troycsd.org
518-328-5376

Day/Date Needed: _____
Time of Event: (start) _____ (end) _____
Doors Open at: _____
Contact Person: _____
Email Address: _____
Phone: _____

Group: _____ Purpose of Meeting or Activity: _____
Set-up time required before event: _____ Break-down time required after event: _____
Number expected in audience: _____ Number of supervising adults: _____
(Recommendation for outside groups, 1 per every 10 students)

Areas to be used for performance/presentation (circle all that apply):

Pit Area (audience level) Stage Apron (in front of main curtain) Main Stage Area (behind proscenium)

Sound & Technology Requirements (please check all that apply)

_____ CD Player
_____ LCD Projector
_____ Projection screen
_____ Computer hook-up to LCD Projector (Mac or Windows)
_____ Microphones – **The total number of microphones can not exceed 2.**
_____ Microphone location: _____ Pit Area, _____ Stage Apron, _____ Main Stage
_____ Computer hook-up to sound

Other Equipment/Set-up (please check all that apply)

_____ Podium Location: _____ Pit Area _____ Stage Apron _____ Main Stage Area
_____ Tables, # needed _____ Location: _____ Pit Area _____ Stage Apron _____ Main Stage Area
_____ Tables in the Lobby, # needed _____
_____ Choral Risers (up to 7 sections are available)
_____ Other _____

APPROVED: _____

Lori McAllister, Music Dept.

In District Reservations

* After the date has been approved it will be sent back to the contact person. Technology and Custodial will be informed of the event.

Out of District Reservations

* After the date has been approved it will be sent back to the contact person. Technology and Custodial will be informed of the event, and sent to the business office.

* A Use of Facilities form and Certificate of Insurance needs to be sent to the business office to complete your reservation of the facility.

* Please note that the district does charge for the use of rooms, maintenance staff, custodial staff and any other staffing needed to work the scheduled event.

FOR OFFICE USE: Date Received: _____ Date Approved: _____ Date Distributed: _____

_____ Maintenance _____ Tech. Dept. _____ Teacher/Class _____ Custodial Staff _____ Sound Engineer