GROSSE ILE TOWNSHIP SCHOOLS

Name of 1	Event		
Date(s)		Start & End Times	
Building/	Room	·	
Type of E	vent		
Notes (Exmany peop tables/chai etc.)	ole, # of		
	н	If you are requesting use of the High School Auditorium,	
Request		please complete the Auditorium Request Form* Phone	
or Name			
Signature		Date	
	R	eturn completed form to Central Office, Attn: Ashley Prevo or via email to prevoa@gischools.org	
	PLE	ASE DO NOT WRITE BELOW THIS LINE – FOR FINAL APPROVAL ONLY	
		Athletic Director Approval	
		Auditorium Manager Approval (if applicable)	
		Custodial Staff Informed	
		XBuilding Administr	

GROSSE ILE HIGH SCHOOL AUDITORIUM REQUEST FORM

Please complete the fields below in detail				
Requestor's Name				
Email Address				
Phone #				
Organization/Club Name				
Date(s) of Event (please indicate rehearsal or event for each date listed)?				
What time will representatives arrive at the facility?				
What time does your event begin?				
Type of event? (Play, Concert, Meeng, Presentation, etc.)				
Microphones (how many?)				
Staging				
Risers				
Podium				
Data projector				
Props:				
Special Instructions :				

Please submit completed form and email a copy to the auditorium director at the following email address:

auditoriumdirector@gischools.org

Contact Auditorium Director, at email listed above, 3-4 days prior to your event to make sure all requirements have been addressed.

NOTE: All PowerPoint Presentations and Music Files must be sent 24 hours in advance to avoid compatibility issues.

Music will NOT be played from PHONES or iPods. Music must be provided in a digital format via email (MP3 or burned to CD as an AUDIO File, not Data File).