

**HARLAN COMMUNITY ACADEMY HIGH SCHOOL  
SCHOOL FACILITY USAGE REQUEST**

**Teacher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Sponsoring School Group / Organization:** \_\_\_\_\_

**Event Name:**

**Requesting School Room / Area:** \_\_\_\_\_

**Requesting Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM / PM**      **Period(s):** \_\_\_\_\_

**Please indicate Any Set-Up Instrutions, A/V, And/Or Furniture Requests:**

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**Special Instructions:** \_\_\_\_\_

**Administrative Approval:** \_\_\_\_\_

**Facility Availability Check (See Ms. Sheared) Please Circle: Yes No**

**Main Office Section (Do Not Write Below This Line)**

**Engineer:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**A/V Coordinator:** \_\_\_\_\_

**Mr. D. Anderson  
Asst. Principal**