

Cocoa High School Activities Request Form

Instructions: Prior to your request, please check date availability on the CHS Web Site master calendar, as well as the BPS District Calendar at www.brevard.k12.fl.us. To request the use of a Cocoa High facility, submit this completed form to Dr. Zeiler (APO) to initiate the facility request review/approval process.

Your Name: _____ Date of Request: _____

Club/Organization: _____

Event Requested: _____

Event Date(s): _____ Start Time: ____:____ End Time: ____:____

Facility Request: _____ Hours of use: From ____:____ To ____:____

(To include prep & clean up time)

This is a FREE event.

There will be an admission charge (separate fundraising form needed).

Please provide a brief description of the event: _____

ASSISTANT PRINCIPAL FOR FACILITIES: Dr. Mark Zeiler Approved Denied AC Requested

Signature: _____

Supervision Yes No Note: _____

ACTIVITIES/ATHLETIC DIRECTOR: Coach Mark Carstens

Approved Denied

Signature: _____ Administrator(s) on duty _____

CALENDAR MASTER: Stephanie Tucker: Placed on CHS District Master Calendar

Signature: _____

SCHOOL SECRETARY: Patty McCormick: Final Review/Return to teacher

Signature: _____

Comments: _____
