

CATALINA FOOTHILLS SCHOOL DISTRICT

REQUEST TO USE FACILITIES

Please allow THREE weeks for approval of this request.

Organization Requesting Facility: _____NON-PROFIT Yes No

Title / Description of Event: _____

Date(s) of use: _____ Attendance: _____

Event Time: _____ Arrival time: _____ Departing time: _____

Responsible Party / Contact Person: _____

Phone: _____ Cell: _____ Email: _____

Address: _____

Facility Site Requested: CFHS OG EC CV VV SDS MZ

Room Requested: Music Hall* / MPR Gym* Cafeteria* Classroom _____

Seminar Room _____ Fields _____ Other _____

***ADVANCED SERVICES required for HS Music Hall, HS Gym, HS Cafeteria & HS Stadium Field use.**

BASIC SERVICES- Includes Custodial services, unlocking of entry doors, pre-event cleaning, chair and table set-up, On and Off Lights ONLY, post-event cleaning and post-event locking of doors. Please note that set up of chairs will incur an additional fee of \$10.00 per 100 chairs.

Utility charges: Start up required? Yes or No Hourly cost _____ # of custodial hours needed: _____

***ADVANCED SERVICES-** Includes **Basic Services** plus Facility Event Manager. Facility Event Manager has the ability to set up additional microphones, change the lighting and other services – please contact for more information (520-209-8326). *Facility Event Manager to be charged at \$25/hr.*

Please Detail All Area Set Up Information On Additional Sheet

- Facility use fee and certificate of insurance (minimum of \$1,000,000 liability coverage) must accompany this request in order to process reservation. If facility is being requested for regular meetings throughout the year, payment may be made in advance quarterly, via check payable to CFSD, 2101 E. River Rd. Tucson, AZ 85718.
- I have read and understand and agree to comply with Governing Board policy on use of the facilities, which policy is hereby made part of this contract. I understand that this contract is not binding until approved by the Governing Board or its designee.

***The facility being rented reserves the right to determine personnel needs related to the event being held, which may include additional custodial, security, or other supervisory staff.**

Signature of Responsible Person _____ **Date** _____

Athletic Director Approval (for use of fields/gym) _____ **Date** _____

Facility Rental Manager Approval _____ **Date** _____

School Board Designee Approval _____ **Date** _____

Office Use Only

Sent for Approval by: _____ Date: _____ Person notified/date: _____

Proof of Insurance on File

Date Entered _____ Copies to: Custodial Security Facility Mgr Requestor School Sec'y