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:Arriva | al time:Departing time: |
| Responsible Party / Contact Person: | |
| Phone:Cell: | Email: |
| Address: | |
| Facility Site Requested: | C CV VV SDS MZ |
| Room Requested: \square Music Hall* / MPR \square Gy | rm* ☐ Cafeteria* ☐ Classroom |
| ☐ Seminar Room ☐ Fields | Other |
| *ADVANCED SERVICES required for HS Music Hall, H | S Gym, HS Cafeteria & HS Stadium Field use. |
| ☐ BASIC SERVICES- Includes Custodial services, uchair and table set-up, On and Off Lights ONLY, post Please note that set up of chairs will incur an addition Utility charges: Start up required? Yes or No Hourly cost | -event cleaning and post-event locking of doors. all fee of \$10.00 per 100 chairs. |
| *ADVANCED SERVICES- Includes Basic Service Manager has the ability to set up additional micropho please contact for more information (520-209-8326). | nes, change the lighting and other services – |
| Please Detail All Area Set Up Information On Add | itional Sheet |
| Facility use fee and certificate of insurance (minimum of \$1, in order to process reservation. If facility is being requested made in advance quarterly, via check payable to CFSD, 210 | for regular meetings throughout the year, payment may be |
| I have read and understand and agree to comply with Gove hereby made part of this contract. I understand that this con or its designee. | |
| *The facility being rented reserves the right to determine personne additional custodial, security, or other supervisory staff. | el needs related to the event being held, which may include |
| Signature of Responsible Person | Date |
| Athletic Director Approval (for use of fields/gym) | Date |
| Facility Rental Manager Approval | Date |
| School Board Designee Approval | Date |
| Off: 11 | Only |
| Sent for Approval by: Date: Perso Proof of Insurance on File | n notified/date: |
| Date Entered Copies to: □Custodial □Security □F | acility Mgr □Requestor □School Sec'y |

| Additional detailed needs (check all that apply): |
|---|
| ☐ Custodial |
| Lights |
| Restrooms (additional fee for outdoor rentals only) |
| ☐ Technical director |
| Light board operator |
| ☐ Sound engineer |
| ☐ Stage hand |
| ☐ Choir risers |
| ☐ Gaffer tape |
| ☐ Grand piano |
| Overhead projector |
| ☐ Public address system |
| Chairs Quantity: |
| Tables Quantity: |
| Other |
| |
| |