**FACILITY USE REQUEST FORM**

**CONTACT INFORMATION**

**: 501 C3 form**  **: Deposit**  **: Insurance**

Organization:  Profit Making  Non-Profit  Individual

Contact Person: Tel. #:   
Current Address: E-Mail:   
Event / Event Purpose: Est. Number of Participants:

**FACILITY INFORMATION** *(See Page 2)*

Facility Requested:  Large Gym  Small Gym  Main Cafeteria  HS Cafetorium  Board Room

Central Training Room  Football Field  Baseball Field  High School Library  Elementary Library

Date(s) Requested Click here to enter a date. Estimate # of Participants:   
Start Time (include setup): Click here to enter text. Ending Time (Include Clean up): Click here to enter text..

Sponsor (if other than Contact):  Staff  Parent  Other Click here to enter text.

**ADDITIONAL INFORMATION**

Type of set-up Requested:  Athletic Event  Banquet  Assembly  Conference/Training  Meeting

Performance  Family Event  Other (Specify) Click here to enter text.

Type of **Equipment** Requested/How Many:  P.A.  Click here to enter text. Table(s)   
 Click here to enter text. Chairs Other (Specify) Click here to enter text.

Number of **Personne**l Requested: Security Monitor  Housekeeping Other (Specify) Click here to enter text.

Will User provide: **(a).** Custodial service: Choose an item.- How many Click here to enter text.   
  
**(b).** Security service: Choose an item.- How manyClick here to enter text..

**DEPARTMENT APPROVAL PROCESS SIGNATURES**

1a.High School Principal

***(If event is at the high school)***

2a. Food Service Manager:

***(If event is at the Cafeteria)***

3. Facility Manager:

5. Business Manager:

1b.Elementary Principal:

***(If event is at the Elementary School)***

2b. Athletic Director:

***(If event is at the gym.)***

4. Superintendent: High Risk events only

6. Director of Support Services:

**SPONSOR**

*I (We) assume full responsibility for any damages to Shonto Preparatory Schools property and/or equipment that occur as a result of the requested use.*

**Sponsor Signature: Print Name: Date:**

**Co-Sponsor Signature: Print Name: Date:   
<><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><>**

**Estimated Cost $ Deposit Required $ . (3 days before event). Liability Insurance Required**

Comment (if any): Click here to enter text.