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

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