

Shonto Governing Board

www.shontoprep.org School Sponsored

FACILITY USE REQUEST FORM

Date Received		
Received by		
Original	Revision	

CONTACT INFORMATION

: STUDENT COUNCIL APPROVAL: S	TUCCO MINUTES ATTACHED: Deposit Rec	ceipt Attached: Insurance		
Organization:				
	Tel.#:			
Current Address:	E-Mail:			
Event / Event Purpose:	Est. N	Est. Number of Participants:		
FACILITY INFORMATION (See Page 2)				
	□Main Cafeteria □HS Cafetorium □Board Football Field □Baseball Field □High School			
Date(s) Requested	Esti	mate # of Participants:		
Start Time (include setup):	AM / PM Ending Time (Include Cle	ean up):AM / PM.		
Sponsor (if other than Contact):				
□Performance □Family Event Other (Type of Equipment Requested/How Many: I DEPARTMENT APPROVAL PROCESS S		Chairs □Other (Specify)		
1a. High School Principal: (If event is at the high school) 2a. Food Service Manager: (If event is at the cafeteria- student event only.) 3. Facility Manager:	(If event is at the Elementary School buildin 2b. Athletic Director: (If event is at the gym.)	(If event is at the Elementary School buildings) 2b. Athletic Director: (If event is at the gym.)		
5. Business Manager:				
SPONSOR				
	nages to Shonto Preparatory Schools proper	ty and/or equipment that occur as		
Employee Signature:	Print Name:	Date:		
	Print Name: <><><><><>			
Estimated Cost \$Deposit Required \$	(3 days before event). Liability II	(3 days before event). Liability Insurance Required		
Comment (if any):				