

**RAMAH NAVAJO SCHOOL BOARD, INC.**  
**APPLICATION FOR USE OF SCHOOL FACILITIES**  
**PINE HILL SCHOOL**

- 1) Name of Group Applying: \_\_\_\_\_
- 2) Name of Responsible Individual: \_\_\_\_\_
- 3) Type of Activity: \_\_\_\_\_  
\_\_\_\_\_
- 4) Number of people anticipated for this activity/amount of space needed for this activity:  
\_\_\_\_\_
- 5) Date of Activity: \_\_\_\_\_
- 6) Time Activity will Begin: \_\_\_\_\_ (AM) (PM) End: \_\_\_\_\_ (AM) (PM)
- 7) Location or room request: \_\_\_\_\_
- 8) Will you be using any electrical equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what kind: \_\_\_\_\_
- 9) Will you be using any other kind of special equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please explain: \_\_\_\_\_
- 10) Will you need to use any of the school's equipment or special facilities such as film projectors, kitchen, locker rooms, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please explain: \_\_\_\_\_
- 11) Will there be an audience attending? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Will there be a charge for admission? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Security MUST be provided for evening events. Have you arranged this with the Pine Hill School/RNSB, Inc. Security Department and/or Ramah Navajo Police Department? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) If this is a group sporting event, Emergency Medical Services must be arranged. Has this been done? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the material regarding use of school facilities. If this application is approved, I will abide by all of the rules, regulations and understandings.

**RESPONSIBLE INDIVIDUAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO.:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\* APPROVAL(S):**

\_\_\_\_\_  
Athletic Director (for usage of athletic equip./gym/football field/softball field) **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Food Services Director (for usage of Multipurpose/Kitchen area) **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Department Director (for other particular Facilities; e.g. Dorm, etc.) **DATE:** \_\_\_\_\_

\_\_\_\_\_  
K-12 Principal (Education) (Also includes usage of PRC, Arena or Farm Facilities) **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Facilities Operations Manager **DATE:** \_\_\_\_\_

**\*Proper approval signatures must be obtained prior to turning the completed form in to Facilities Management; otherwise your request will be delayed or rejected. Thank you.**

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**FOR OFFICE USE ONLY**

Date received at Facilities Management office: \_\_\_\_\_

Received by: \_\_\_\_\_

Security Deposit and Rental Fee Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ FM Receipt #: \_\_\_\_\_

**Security Deposit and Rental Fee MUST BE PAID PRIOR TO EVENT; otherwise, reservation for request will not be guaranteed.**