

**CATALINA FOOTHILLS SCHOOL DISTRICT
REQUEST TO USE FACILITIES**

Please allow TWO weeks for approval / denial of this request.

Organization Requesting Facility: _____ NON-PROFIT Yes No

Responsible Party / Contact Person: _____

Phone: _____ Cell: _____ Email: _____

Address: _____

Date(s) of use: _____

Arrival time: _____ Event time: _____ Departure time: _____

Attendance: _____ Nature of event: _____

Facility Site Requested: Catalina Foothills High School Orange Grove Manzanita
 Esperero Canyon Sunrise Drive Ventana Vista Canyon View

Room Requested: Auditorium / MPR Little Theatre Gym Seminar Room
 Cafeteria Classroom Fields Other _____

BASIC SERVICES- Includes Custodial services during school week; Unlocking of entry doors, Pre-event cleaning, Chair and Table set-up, On and Off Lights ONLY, One Microphone (HS Auditorium or HS Little Theatre only) Post-event cleaning and Post-event locking of doors. Please note that set up of chairs will incur an additional fee of \$10.00 per 100 chairs.

Please Detail All Area Set Up Information On Additional Sheet.

ADVANCED SERVICES (HS Auditorium & HS Little Theatre only) Includes **Basic Service** plus High School Facility Rental Manager. Facility Rental Manager has the ability to set up additional microphones, change the lighting and offer other services- please contact Facility Rental Manager for more information. (520) 209-8326

Please Detail All Area Set Up Information On Additional Sheet

* Facility use fee and certificate of insurance (minimum of \$1,000,000 liability coverage) must accompany this request in order to process reservation. If facility is being requested for regular meetings throughout the year, payment may be made in advance quarterly, via check payable to CFSD, 2101 E. River Rd. Tucson, AZ 85718.

* I have read and understand and agree to comply with Governing Board policy on use of the facilities, which policy is hereby made part of this contract. I understand that this contract is not binding until approved by the Governing Board or its designee.

*The facility being rented reserves the right to determine personnel needs related to the event being held, which may include additional custodial, security, or other supervisory staff.

Signature of Responsible Person _____ **Date:** _____

Approved on Behalf of the Governing Board _____ **Date:** _____

Office Use Only	
Sent for Approval by: _____	Date: _____ Person notified/date: _____
Proof of Insurance on file <input type="checkbox"/>	

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 _____
