

Dysart Community Education

Request of use of School Facilities (External)

15550 North Parkview Place · Surprise, AZ 85374 Fax # 623-876-7053



All requests for use of facilities must first be approved by the school principal. A copy of your certificate of insurance must accompany this application, two weeks prior to event.

DATE(S) Requested:

- One -Time Use Date: _____ Day of Week: _____
- Multiple Dates of Use (list each date): _____
- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Setup Time :	Start Time: _____	* please designate time needed to allow event setup
Event Time :	Start Time: _____	End Time: _____
Load Out Time :	End Time: _____	* please designate time needed after event for cleanup

All fees will apply to entire time occupying facilities

Site Requested: _____

Room/Area Requested: _____

Equipment Requested: Microphone Podium Tables # _____ Chairs # _____

Other: _____

Set-Up Requested: Classroom Theater Hollow Square U-Shape Conference

Other: _____

Special Instructions: _____

Name of Organization: _____

Nature of Activity: _____

Person Responsible: _____

Telephone: Work: _____ Cell: _____

Signature of Event Supervisor: _____ Date: _____

Please note that all facility use guidelines must be followed. These include but are not limited to no third party leasing, no open flames, no smoking, no alcohol, no selling of goods (unless 100% returns back to the school), no pets and abiding by all parking laws.

<i>Office Use Only</i>				
Fee Agreements	<input type="checkbox"/> Class 1 <i>school related</i>	<input type="checkbox"/> Class II <i>Non-Profit</i>	<input type="checkbox"/> Class III <i>Commercial</i>	<input type="checkbox"/> Class IV
Date(s)	Facility Description (café, room #, stadium, etc..)	Total Hours	Rate	Fee
TOTAL				
Signature of School Administrator: _____		Date: _____		
Signature of District Administrator: _____		Date: _____		
(Superintendent or Director of Comm. Ed)				
Proof of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____	Deposit Received: _____	