

# PAGE UNIFIED SCHOOL DISTRICT NO. 8

## Permit for Use of School Facilities

### Facilities Requested:

Elementary School: \_\_\_\_\_

Middle School: \_\_\_\_\_

High School: \_\_\_\_\_

Cultural Arts Building: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Gymnasium: \_\_\_\_\_

Swimming Pool: \_\_\_\_\_

Media/Library: \_\_\_\_\_

Other: \_\_\_\_\_

### Dates Requested:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Total Days: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

### PLEASE ALLOW FOR SETUP AND CLEANUP TIME

If needed weekly, circle days to be used: **Mon Tues Wed Thurs Fri Sat Sun**

Name of Organization: \_\_\_\_\_ Profit \_\_\_\_\_ Nonprofit \_\_\_\_\_

Nature of Activities: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_  
Street P.O. Box City State Zip

Second Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_

Will Admission be charged? No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Insurance Requirements for Non-School Activities Only:** Entity shall provide proof of General Liability Insurance Coverage in a minimum amount of \$1,000,000 Combined Single Limit Per Occurrence and in the Annual Aggregate for Bodily Injury and Property Damage; \$1,000,000 Products/Completed Operations; \$1,000,000 Personal & Advertising Injury. A Certificate of Insurance naming Page Unified School District No. 8 as an additional insured should be attached to this request (including Additional Insured Endorsement CG20 26). Request without such proof cannot be approved. Page Unified School District carries no primary coverage for non-school activities.

A copy of your approved request will be mailed to you. You will be notified by telephone if your request cannot be approved. ARS -15-341 A7

Organizations must follow all rules contained in the  
Community Use of School Facilities Document

Page Unified School District • P.O. Box 1927  
Page, AZ 86040 • 928-608-4100 • 928-645-2805

NO ALCOHOL OR SMOKING IS PERMITTED ON SCHOOL GROUNDS – ALL FACILITIES ARE DRUG FREE SCHOOL ZONES

Signature of Authorized Representative of Organization: \_\_\_\_\_

Principal's Signature (if approved at local school): \_\_\_\_\_

District personnel assigned to the activity: \_\_\_\_\_

### -----THIS SECTION TO BE COMPLETED BY PAGE SCHOOLS-----

\_\_\_\_ Class I (School related: Out of pocket cost)

\_\_\_\_ Class III (For Profit)

\_\_\_\_ Class II (Non-profit: Utility/Personnel Charge)

\_\_\_\_ Class IV (Commercial)

\_\_\_\_ Class V (Intergovernmental agreement)

	Estimated Cost	Actual Cost	
Facility Use Fees	\$ _____	\$ _____	DEPOSIT DUE DATE
Personnel Fees	\$ _____	\$ _____	_____
Equipment Fees	\$ _____	\$ _____	_____
TOTAL	\$ _____	\$ _____	DATE DEPOSIT PAID
DEPOSIT DUE	\$ _____	\$ _____	_____

**BALANCE DUE UPON RECEIPT OF BILLING:** \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_