

**J.O. Combs Unified School District**  
 301 E. Combs Rd.  
 San Tan Valley, AZ 85140  
[www.jocombs.org](http://www.jocombs.org)  
 480-987-5310



**Community Use of District Facilities Application**

Date of Application: \_\_\_\_\_  For-Profit  
 Name of Organization: \_\_\_\_\_  Non-for Profit (organization submits a 501 (c) 3)

Binding Representative of Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

**Facility Use Request Details**

Purpose of Facility Use (e.g. meeting, class, game, practice): \_\_\_\_\_

Dates	Day(s) of the Week	Times (MUST include set-up & clean-up)	School Name	Space (room, field, gym)	Participants
					_____ # Adults _____ # Youth
					_____ # Adults _____ # Youth
					_____ # Adults _____ # Youth

Please include any specific requests including equipment:

Will children/adults pay to participate in the event? \_\_\_Yes \_\_\_No

Will food and/or drinks be served? \_\_\_Yes \_\_\_No Vendors selling food and/or drink must be approved by Community Education and agree to follow board policy KF-EA

**Signing below indicates my understanding that:**

- Requests to use J.O. Combs facilities are to be initiated a minimum of ten (10) business days before the requested use. Requests made less than five (5) business days prior to event may not be accepted or approved.
- Payment of projected fees is to be received by the District office within five (5) business days prior to the use date. Fees may be paid only in Money Order, Cashier's, Personal or Business check. Late payments will incur an additional \$25 fee.
- A valid Certificate of Liability Insurance naming J.O. Combs USD as an "additional insured" must be received by the District office five (5) business days prior to the date of facility use. Minimum limits are one million dollars (\$1,000,000) for bodily injury and ten thousand dollars (\$10,000) for property damage.
- Failure to provide notice of change or cancellation within five (5) business days of the event will result in a \$25 fee.
- Smoking and the consumption of alcoholic beverages are prohibited on District property at all times (Policy KF-EA); food and drinks are not allowed inside the gymnasiums.
- A \$25 restroom supply fee may be applied depending on size and duration of events.
- **A designated representative must have a copy of the rental permit while on site during the rental dates and times.**
- **I have read and agree to abide by the information contained in the policy and exhibits of J.O. Combs policy KF Community Use of School Facilities.**

**Authorized Signature of Organization Representative** \_\_\_\_\_

**For School Use Only**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Reason: \_\_\_\_\_

Number of custodians needed (after normal work hour events only): \_\_\_\_\_

Number of AV Techs needed: \_\_\_\_\_

Staff assigned to event: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_

**For Community Education Use Only:**

Class \_\_\_\_\_ Insurance \_\_\_\_\_ 501(c)(3) \_\_\_\_\_

Schedule ID \_\_\_\_\_ Invoice # \_\_\_\_\_

Use Contract:

Room Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Room Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Room Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Personnel \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Equipment \_\_\_\_\_ \$ \_\_\_\_\_

Additional Fees \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ per \_\_\_\_\_ (event, week, month)

Community Education Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Notes:

Correspondence dates and modes: