

PAGE UNIFIED SCHOOL DISTRICT NO. 8

Permit for Use of School Facilities

Facilities Requested:

Today's Date: _____

Elementary School: _____

Gymnasium: _____

Middle School: _____

Swimming Pool: _____

High School: _____

Media/Library: _____

Cultural Arts Building: _____

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: _____