

Request For Facility Use (B.P. 1330 and A.R. 1330)
 Summerville Union High School District * 17555 Tuolumne Road, Tuolumne CA 95379

Name of Organization: _____ Name of Requester: _____

Name of Event: _____

Address: _____

City, State, Zip: _____

Work phone: _____ Home phone: _____ Cell Phone: _____

Date(s) requested: _____ Times(s): _____ Number attending: _____
(Include set up and take down when entering your times)

Facilities requested: _____

Equipment requested: _____

		Fees	
Stadium Use	1-4 hours	_____	Over 4 hours _____
Baseball/softball	1-4 hours	_____	Over 4 hours _____
Room Use		_____	
Gym Use		_____	
Theatre Use		_____	
Kitchen Staff Time		_____	
Custodial Time		_____	
Sound System Operator		_____	
Field Lights		_____	

Total Due (payable before use) _____

See reverse for fee prices. Certificate of insurance: One million dollars liability, with organization listed as primary insured and Summerville Union High School District listed as additional insured.

Requester

Signature _____ Title _____ Date _____

Approved: _____ Date _____