

DR. DAVID DUMON
SUPERINTENDENT
10105 SOUTH SASABE ROAD
TUCSON, ARIZONA 85736

PHONE: (520) 822-1484
FAX: (520) 822-1798
WWW.ALTARVALLEYSCHOOLS.ORG



COMMUNITY USE OF

SCHOOL FACILITIES

We, _____, request the use of a school building at
Name of organization/group

() Robles Elementary or () Altar Valley Middle School for the purpose of presenting the following program:

We request the above facility on the following dates. Please specify hours needed: (an attachment is acceptable.)

If equipment, lighting, tables or chairs are required please specify and indicate any special arrangements that are needed.

There () will () will not be an admission charge. The admission charge will be: _\$_____ for adults and
\$_____ for children. The proceeds will be used for:

The rental fee will include custodial or school personnel services, utility costs, and equipment usage fee, if applicable. **Food service charges and technicians are paid separately.**

Two people the District may contact, if necessary are:

Name: _____ Home: _____ Cell: _____

Name: _____ Home: _____ Cell: _____

We agree to become familiar with and abide by the printed rules and regulations of the District concerning the public use of school facilities and conduct on school grounds.

Rental is payable to the Altar Valley School District.

Organizations Signature: _____ **Date:** _____

District Use Only

Lease Agreement

Proof of liability insurance of at least \$1,000,000.00 was received

Y N

Classification of user:

I II III

Base charge of facility to be used:

Additional charges:

Total payment received:

This application has been: () Accepted () Denied for the following
reason: _____

District Signature: _____ **Date:** _____