



Request/Permit for School Facilities Use

School/Site Name: _____ Date ____/____/____ PLEASE NOTE

THERE WILL BE NO 3RD PARTY RENTALS. IF YOU RENT A FACILITY, YOU MUST BE THE ONE TO USE IT

FACILITIES REQUESTED: (Please be Specific)

- 1. Classroom(s) No.(s) _____
- 2. Elementary Field or Playground Area
- 3. JV Field
- 4. Varsity Field
- 5. Elementary MPR
- 6. Middle School MPR
- 7. High School MPR
- 8. Gymnasium MS _____ HS _____
- 9. Parking Lot Lights are automatic on/off
- 10. Library Center
- 11. Stage

Place Check Mark next to area or items needed

Maricopa High School Performing Arts Center

Please send me the form necessary to rent/use any of the spaces in the Performing Arts Center

DATE(S) NEEDED: (Please Specify) List exact hours requested on each date (you may attach a separate page with multiple dates if needed)

Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM

Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM

DESCRIPTION OF ACTIVITY: _____

Name of Organization: _____ License No: _____

Address: Street _____ City: _____ Zip Code: _____ Telephone: _____

Person(s) in Charge: _____ Email address: _____

SPECIAL EQUIPMENT OR PERSONNEL REQUESTED:

_____ Signed: _____
Title: _____
Date: ____/____/_____

OFFICE USE ONLY			
	NO	YES	Number of Hours
Custodial Worker	_____	_____	_____
Theater Technician	_____	_____	_____
Security	_____	_____	_____
Cafeteria Worker	_____	_____	_____
Other _____	_____	_____	_____
FMX Work Order	_____	_____	_____

OFFICE USE/Checklist of Information	
Yes	NO
_____	_____
Facility Package & Request Complete	
_____	_____
Certificate of Insurance	
_____	_____
Approved added to Facility Rental Calendar	
_____	_____
Copies printed for billing	

RENTAL REQUEST APPROVAL _____ **DATE:** ____/____/_____

MUSD Facilities Representative

Site Lead Custodian _____ Principal/Admin _____ Accounting _____