



Thank you for your interest in reserving one of our facilities for your event. Please complete the form and submit to **facilityrental@yumaunion.org**

2024-2025 If you have any questions regarding this form, please call **Facility Rentals at (928) 502-4635**

COMPLETION OF THIS FORM DOES NOT CONFIRM AVAILABILITY OF REQUESTED DATE(S)
YUHSD reserves the right to decline to rent or prohibit the use of the facility on a case by case basis.

Facility Usage Request

Requested Location: Cibola High School Gila Ridge High School Kofa High School
 San Luis High School Somerton High School Yuma High School

If location is not available and you would like to request an alternate, please list here: _____

Mark All Areas Requested: Auditorium Multipurpose Room Band Room Cafeteria
 Classroom(s)/How many? ____ Stadium Gym Locker Room
 Softball/Baseball Fields Other: _____

** Sports facilities use may require completion of Mild Traumatic Brain Injury Concussion Annual Statement and Acknowledgment Form**

Today's Date: _____ Event Name: _____

Event Date (s): _____ Event Start Time: _____ Event End Time: _____

Approximate Number of Attendees (include participants): _____

Event Description:

Please include rehearsal and performance dates/times, and multiple dates/times (if applicable). Attach additional sheet(s) as needed.

DAY 1 - Date:	DAY 2 - Date:	DAY 3 - Date:
SET-UP Start Time: End Time:	SET-UP Start Time: End Time:	SET-UP Start Time: End Time:
REHEARSAL Start Time: End Time:	REHEARSAL Start Time: End Time:	REHEARSAL Start Time: End Time:
EVENT Start Time: End Time:	EVENT Start Time: End Time:	EVENT Start Time: End Time:
TEAR-DOWN Start Time: End Time:	TEAR-DOWN Start Time: End Time:	TEAR-DOWN Start Time: End Time:
Comments:	Comments:	Comments:

Organization Name: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Authorized Contract Signer: _____ Title: _____

Address: _____ City, State, Zip: _____

Equipment or Personnel Requested (subject to availability and additional fees). See rate chart for details.

Student/Tech Worker. Daily number: _____ Daily hours each: _____

LCD Projector Screen Wi-Fi Access Podium Tables/Chairs (per 50 people): _____

Press Box Field Lining Stadium Lighting Score Board Additional Security

Other: _____

Organization Type: District For-Profit Non-profit (provide EIN): _____

Is the event sponsored by a school club? Yes No

If yes, please provide the following:

Club Name: _____

Teacher/Advisor Name: _____

Phone: _____

Email Address: _____

Teacher/Advisor Signature: _____ Date: _____

Certificate of General Liability Insurance with minimum limits of \$1,000,000.00 per occurrence, naming Yuma Union High School District #70 as an additional insured is required prior to facility use. For assistance in obtaining insurance, contact YUHSD #70 Facilities Management/Facility Rentals.

Copy of insurance must be received before event date or event is subject to cancellation.