

Yuma Union High School District

3150 S. Avenue A, Building A

Yuma, Arizona 85364

Ph: 928.502.4635



3-202.A

Request for Use of School Facilities

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

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)
YUHS reserves the right to decline to rent or prohibit the use of the facility on a case by case basis.**

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 Cafeteria Stadium Gym
 Classroom(s)/How Many? ___ 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 Time(s): _____

There will will not be an admission charge. The admission will be _____ for adults and _____ for children. The following items will be sold during the event: _____

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) if necessary.

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:

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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 & additional fees). See rate chart for detail

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

LCD Projector Screen Wi-Fi Access/ # of Devices: _____ Podium Additional Security

Tables: _____ Chairs: _____ Press Box Field Lining Stadium Lighting Marley

Floor Scoreboard 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/Club 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 the event date or event is subject to cancellation.