

## Non-Profit Community Use of CGUHSD Facilities

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name (print): \_\_\_\_\_

Contact phone Number(s): \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Request use of (circle all that apply):

- |                |                |                   |                |
|----------------|----------------|-------------------|----------------|
| Auditorium     | Gym            | Cafeteria/Commons | Classroom      |
| Baseball Field | Softball Field | Football Field    | Practice Field |
| Other _____    |                |                   |                |

Use Date(s) and time(s): \_\_\_\_\_

**Insurance:** State law §15-1105 requires that occupants provide evidence of liability insurance coverage prior to facility use. (\$10,000 property damage and \$1,000,000 liability damages)

*If your organization needs a policy – feel free to contact OneBeacon at (800) 507-8414 (8:30 a.m.-5:00 p.m. PST, Mon-Fri)*

| <b>Fee Schedule:</b>                                     | <b>Total Hours</b> |
|--|--------------------|
| Field (NO LIGHTS) \$2.00 per hour (per athletic field)   | _____              |
| Lighted Field - \$8.00 per hour                          | _____              |
| Restroom Usage - \$5.00 per hour (each)                  | _____              |
| Auditorium - \$100.00 per hour                           | _____              |
| Gym - \$45.00 per hour                                   | _____              |
| Classroom - \$15.00 per hour                             | _____              |
| Set up Fee - \$15.00 per hour per staff (if necessary)   | _____              |
| Cleaning Fee - \$15.00 per hour per staff (if necessary) | _____              |

*\*CGUHSD may authorize uncompensated use of facilities for 1) organizations providing educational services to district students 2) activities consistent with curricular goals of the district.*

Authorized Person - Initial Each

1. Agree to abide by all federal, state, and local laws and policies of CGUHSD.  
Consumption of drugs, alcohol and tobacco are prohibited on district property.  
\_\_\_\_\_ (Initials)
2. Requestor acknowledges the additional fees could be assessed if area(s) are not left in reasonable condition.  
\_\_\_\_\_ (Initials)
3. Arrangements are not to be made with any staff member other than the District Facilities or Business Office.  
\_\_\_\_\_ (Initials)
4. Use will not interfere with school activity.  
\_\_\_\_\_ (Initials)
5. Payments will be made prior to event (NO Cash Payment Accepted) and made out to: CGUHSD – Personal Check, Cashier’s Check or Money Order  
\_\_\_\_\_ (Initials)

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For District Use Only

Approved                       Not Approved                       Date: \_\_\_\_\_

By (print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Fees:**

Area fee per hour: \_\_\_\_\_ X Quantity of Hours \_\_\_\_\_ = \$ \_\_\_\_\_

Set-up fee per hour: \_\_\_\_\_ X Quantity of Hours \_\_\_\_\_ = \$ \_\_\_\_\_

Cleaning fee per hour: \_\_\_\_\_ X Quantity of Hours \_\_\_\_\_ = \$ \_\_\_\_\_

Fee Total \$ \_\_\_\_\_

*Questions concerning Community Use of Facilities – Please contact:*

Tim Mace

[tmace@cguhsd.org](mailto:tmace@cguhsd.org)

(520) 316-3360 x3148