

Community Use of CGUHSD Facilities 2022-23 Request Form

Date Submitted (must be 14 days prior to event): _____

Organization Name: _____

Contact Name (print): _____

Contact Phone Number(s): _____

Contact Email: _____

Contact Signature: _____

Description of Activity: _____

Date(s) of Activity: _____

Time(s) of Activity: _____

Number of People Expected: _____ Restrooms Needed? ___ Yes ___ No

Check Location: Casa Grande Union HS Vista Grande HS District Offices

Request Use of (check all that apply):

Auditorium Olaski (CG) Agora (VG) Cafeteria Commons Board Room
 Classroom Gym ___Large ___Small Other _____

Fields: Baseball ___Varsity ___Practice Softball ___Varsity ___Practice
 Football/Soccer/Band (Varsity) Football/Soccer/Band (Practice)

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 information on acquiring a policy – feel free to contact Intact Specialty at (800) 507-8414 (8:30 a.m.-5:00 p.m. PST, Mon-Fri)

Fee Schedule (all fees are per hour)

	<u>CLASS I</u> (District/School)	<u>CLASS II</u> (Non-Profit Youth)	<u>CLASS III</u> (Non-Profit)	<u>CLASS IV</u> (For Profit)
Auditorium (plus A/V tech if sound or lights needed).....	\$0	\$50	\$100	\$250
Olaski or Agora	\$0	\$30	\$60	\$90
Cafeteria Commons (w/o kitchen).....	\$0	\$25	\$55	\$75
Board Room.....	\$0	\$35	\$55	\$75
Classroom.....	\$0	\$15	\$20	\$45
Gym (Small).....	\$0	\$40	\$50	\$60
Gym (Large).....	\$0	\$100	\$130	\$160
Baseball/Softball Field (Practice).....	\$0	\$40	\$60	\$80
Baseball/Softball Field (Varsity).....	\$0	\$60	\$80	\$100
Football/Soccer/Band Field (Practice).....	\$0	\$55	\$75	\$95
Football/Soccer/Band Field (Varsity).....	\$0	\$75	\$200	\$300
Field Lights (2/hr minimum).....	\$0	\$30/hr	\$30/hr	\$30/hr

(Personnel fees on next page)

	<u>CLASS I</u> (District/School)	<u>CLASS II</u> (Non-Profit Youth)	<u>CLASS III</u> (Non-Profit)	<u>CLASS IV</u> (For Profit)
Site Supervisor (2/hr minimum)	\$0.....	\$28/hr	\$28/hr	\$28/hr
Custodial (2/hr minimum) (Holiday add \$10/hr).....	\$0.....	\$28/hr	\$28/hr	\$28/hr
Circle staff needed per attendees: 1-50 = 1 51-100 = 2 101-200 = 3 201-400 = 4 400+ Facilities Discretion				
Scoreboard Controls Operator	\$0.....	\$28/hr	\$28/hr	\$28/hr
Audio/Visual Equipment Operator	\$0.....	\$28/hr	\$28/hr	\$28/hr
Stage Equipment Operator.....	\$0.....	\$28/hr	\$28/hr	\$28/hr
Baseball/Softball Field Prep	\$150.....	\$150	\$150	\$150
Football Field Prep (Basic Grid).....	\$300.....	\$300	\$300	\$300

NOTE: CGUHSD Superintendent is the only District representative that may authorize uncompensated use of facilities.

Authorized Representative - 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. User will comply with chapter 28.1 of A.R.S. 36 Medical Marijuana Act. _____(Initials)
2. Nothing shall be sold, given, exhibited or displayed for sale without written permission from School Administration, including food, beverages, apparel, etc. _____(Initials)
3. Requestor acknowledges that additional fees could be assessed if area(s) are not left in reasonable condition. _____(Initials)
4. Arrangements are not to be made with any staff member other than the District Facilities or Business Office. Use will not interfere with school activity. _____(Initials)
5. If the property (or premises) will be used for an athletic activity, OCCUPANT shall comply with the requirements of A.R.S. Section 15-341(A)(24) regarding concussions and head injuries. _____(Initials)
6. Payments will be made and delivered prior to event (NO Cash Payment Accepted) and be made out to: CGUHSD Facility Use – Only Personal Check, Cashier’s Check or Money Order _____(Initials)

For District Use Only

Approved Not Approved Date: _____

By (print): _____

Area Fee per hour _____ x Quantity of Hours _____ = \$ _____

Light Fees per hour _____ x Quantity of Hours _____ = \$ _____

Setup Fee per hour _____ x Quantity of Hours _____ = \$ _____

Personnel Fees per hour _____ x Quantity of Hours _____ = \$ _____

Fee Total \$ _____

Assigned Site Supervisor _____ Contact # _____

On-site Custodian _____ Contact # _____

NOTE: Requests can take up to 5 days to get approved. Payments must be made 7 business days prior to the event.

**To submit Insurance Form and for any questions concerning Community Use of CGUHSD Facilities, please contact:*

Vanessa Alley, Warehouse Supervisor

valley@cguhsd.org

(520) 316-3360 ext. 3775