CASA GRANDE UNION HIGH SCHOOL DISTRICT



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 Ne	eded? Y	es No
Check Location:	☐ Vista Gr	ande HS Dis	trict Offices	
Request Use of (check all that apply):				
☐ Auditorium ☐ Olaski (CG) ☐	Agora (VG)	☐ Cafeteria Commo	ons 🗖 Board	l Room
☐ Classroom ☐ GymLargeSı	nall	Other		
Fields: BaseballVarsityPractice	☐ Softball	VarsityPractice	e	
☐ Football/Soccer/Band (Varsity)	_	Soccer/Band (Practice		
Insurance: State law §15-1105 requires that prior to facility use. (\$10,000 property dama <i>If your organization needs information on acquire</i> (8:30 a.m5:00 p.m. PST, Mon-Fri)	ge and \$1,000,00	00 liability damages))*	
Fee Schedule (all fees are per hour)	CLASS I	CLASS II	CLASS III	CLASS IV
Auditorium (plus A/V tech if sound or lights nee Olaski or Agora	\$0 \$0 \$0	\$30 \$25 \$35	\$60 \$55 \$55	\$90 \$75 \$75
Classroom	\$0 \$0	\$40 \$100	\$50 \$130	\$60 \$160
Baseball/Softball Field (Varsity)	\$0 \$0 \$0	\$60 \$55 \$75	\$80 \$75 \$200	\$100 \$95 \$300
Field Lights (2/hr minimum)(Personnel fees on next page)	\$0	\$30/hr	\$30/hr	\$30/hr

			CLASS I (District/School)	<u>CLASS II</u> (Non-Profit Youth)	CLASS III (Non-Profit)	CLASS IV (For Profit)
Site Supe	rvisor (2/hr minimum)		· ·		
Custodial	(2/hr minimum) (Hol	iday add \$10/hr)	\$0	\$28/hr	\$28/hr	\$28/hr
	le staff needed per atte					
Scoreboai	rd Controls Operator. sual Equipment Opera	ntor	\$0 \$0	\$28/hr \$28/hr	\$28/hr	\$28/hr
Stage Equ	suar Equipment Operator		\$0	\$28/hr	\$28/hr	\$28/hr
Baseball/S	Softball Field Prep		\$150	\$150	\$150	\$150
Football I	Field Prep (Basic Grid	l)	\$300	\$300	\$300	\$300
NOTE: C	GUHSD Superintende	ent is the only Distr	rict representativ	e that may authorize t	incompensated	use of facilities
Authori	zed Representative	e - Initial Each				
	Agree to abide by aldrugs, alcohol and to			•		•
	of A.R.S. 36 Medica			proposition and the		(Initials)
	Nothing shall be sole School Administrati	•			ten permissio	n from (Initials)
	Requestor acknowle condition.	edges that addition	nal fees could b	e assessed if area(s)	are not left ir	reasonable (Initials)
	Arrangements are no Business Office. Use		-		District Facilit	ies or(Initials)
	If the property (or priche requirements of			•		
	Payments will be ma to: CGUHSD Facilit		•	•		
		For	District Use (Only		
Approv	red	Not Appro	ved	Date:		
By (pri	nt):					
Area Fee	e per hour	x Qı	uantity of Hour	s=	\$	
Light Fe	es per hour	x Qı	uantity of Hour	s=	\$	
Setup Fe	e per hour	x Qı	uantity of Hour	s=	\$	
Personne	el Fees per hour	x Qı	uantity of Hour	s=	\$	
				Fee Total	\$	
Assigned	l Site Supervisor			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

On-site Custodian _____ Contact # ____

valley@cguhsd.org