

PHONE: (520) 822-1484 FAX: (520) 822-1798 W WW.ALTARVALLEYSCHOOLS.ORG

COMMUNITY USE OF SCHOOL FACILITIES

We,	(Name of organization/group) request the use of:	
() Robles Elementary or () Altar	or () Altar Valley Middle School for the purpose of presenting the following program:	
We request the above facility on th	e following dates. Please specify hours	s needed: (an attachment is acceptable.)
needed.		licate any special arrangements that are
There () will () will not be an add \$ for children		will be: _\$ for adults and
	al or school personnel services, utility cand technicians are paid separately.	costs, and equipment usage fee, if
Two people the District may contact Name:	ct, if necessary are:Home:	Cell:
Name:	Home:	Cell:
We agree to become familiar with public use of school facilities and Rental is payable to the Altar Valle	conduct on school grounds.	gulations of the District concerning the
Organizations Signature:		Date:
District Use Only	Lease Agreement	
Proof of liability insurance of at l Classification of user: Base charge of facility to be used Additional charges: Total payment received:		Y N I II III
This application has been: reason:	() Accepted () Denied	d for the following
District Signature		Date