

Facilities Use Request – External 2017-2018



Community Education Department

15802 North Parkview Place, Surprise, AZ 85374

Contact: Community Education Program Manager

Phone: 623.876.7918 Fax: 623.876.7060 Email: facilities@dysart.org

Date(s) Requested: *(All fees will apply to entire time facilities are occupied.)*

One-Time Use **Date:** _____ **Day of Week:** _____

Multiple dates of Use (list each date): _____

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Use of Facility Requested Time: _____ **Use of Facility End Time:** _____

Event Start Time: _____ **Event End Time:** _____

Site Requested: _____ **Room / Area Requested:** _____

Set-Up Requested: **Classroom** **Theater** **Hollow Square** **U-Shape** **Conference**

Other: _____

Equipment Requested: **Microphone** **Podium** **Tables: #** _____ **Chairs: #** _____

Other: _____

Special Instructions: _____

Name of Organization: _____

Nature of Activity: _____ **Estimated Attendance:** _____

Person Responsible: _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Alternate Number:** _____

Email Address: _____

Please note that all facility use guidelines must be followed. Guidelines include, but are not limited to: no third party leasing, no inflatables, no fog machines, no open flames, no smoking, no alcohol, and no pets. Additionally, all parking rules, laws, and regulations must be followed. No food or drink allowed in any areas except cafeterias.

Signature of Event Supervisor: _____ **Date:** _____

PLEASE NOTE THAT USERS MAY BE CHARGED FOR ADDITIONAL SERVICES

- FACILITIES USAGE SPECIALIST REQUESTED (Unlock/Lock Building, Security, & Set-up) Rate: \$25.00 per hour
- FOOD SERVICE REQUESTED (Required for any intended use of kitchen - NO EXCEPTIONS) Rate: \$25.00 per hour
- ABM REQUESTED (Additional Room Cleaning & Second Cafe Cleaning) Rate: \$30.00 per hour

**Please note that if no extra services are selected, it is the responsibility of the user to ensure the well-kept condition of the facility. This includes, but is not limited to: cleaning the site, emptying trash, and returning equipment.*

Signature of Community Education Program Manager: _____ **Date:** _____

Signature of Director of Federal Projects & Community Outreach: _____ **Date:** _____