Entered on calendar

Today's Date: ____________

Date: ____________

By: ____________

Mingus High School
1801 East Fir Street, Cottonwood, AZ 86326
Office: (928) 634-7531 Fax: (928) 639-4236

MINGUS UNION HIGH SCHOOL FACILITIES USE REQUEST

☐ **I HAVE REVIEWED THE MASTER CALENDAR. Check this box AFTER you have verified there are NO CONFLICTS with your planned activity. This request will not be processed until you have done so.**

Complete this section before you go on

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Club/Organization: ____________

Activity: ____________

Requested Day(s): M☐ T☐ W☐ Th☐ F☐ Sa☐ Su☐ Date(s): ____________

Set-up Time: ____________

Event Times: from ____________ to ____________

Room or area required (check all which apply):

☐ Main Gym
☐ Small Gym
☐ Kitchen
☐ Cafeteria
☐ Auditorium
☐ Library
☐ Library Conference Room
☐ Field# ____________
☐ Other ____________
☐ Other ____________

Equipment needed (check all which apply):

☐ Podium
☐ Sound System
☐ Chairs
☐ Screen ____________
☐ Other ____________
☐ Microphone
☐ Bleachers
☐ Tables

Special Instructions: ____________

____

____

____

Staff contact: ____________ Phone: ____________

Person in charge: ____________ Phone: ____________

Signature: ____________ Mailing Address: ____________

Community organizations must show proof of insurance and arrange setup/custodial fees in the bookstore before approval. Both boxes must be checked below for community requests.

☐ Insurance verification turned in to Activities Secretary. Initial: ____________
☐ Fees paid to Bookstore. Initial: ____________
☐ Facilities use charge agreement turned in to the bookstore. Initial of Bookstore Clerk: ____________

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☐ Request granted
☐ Request denied Reason: ____________

Administrator's Signature: ____________ Date: ____________

White copy: Activities Office Yellow copy: Custodial/Maintenance Pink copy: Originator Gold: Media