



# Uinta County School District Number One

## Facility Use Request Form

Today's Date: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Activity Name (If Applicable): \_\_\_\_\_

Activity Description: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Days Needed: \_\_\_\_\_

Activity Start Time: \_\_\_\_\_ am \_\_\_\_\_ pm Number of Hours Needed: \_\_\_\_\_

Area/Rooms Requested:

- \_\_\_\_\_ Monday
- \_\_\_\_\_ Tuesday
- \_\_\_\_\_ Wednesday
- \_\_\_\_\_ Thursday
- \_\_\_\_\_ Friday
- \_\_\_\_\_ Saturday
- \_\_\_\_\_ Sunday

Equipment Requested: \_\_\_\_\_  
*(Tables, Chairs, etc.)*

Audio-Visual Needs: \_\_\_\_\_  
*(Projector, DVD Player, etc.)*

### Applicant/Contact Information

Organization: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Liability Insurance Information

Provider: _____	Policy Number: _____
Effective Dates: _____	Provider Phone Number: _____
Copy Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Signatures

\*\*It is understood that the policies of UCSD #1 and the laws of the State of Wyoming will be strictly observed during the use of District Facilities. I understand there will be a fee assessed for the use of the facility and I agree to pay for any and all damages.

Activity Sponsor: \_\_\_\_\_ Activity Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Deposit Attached:  Yes  No Activity Plan Attached:  Yes  No

Hourly Rate (less than 3 hours)		Daily rate (per day)		
Custodial fee (Area & Bathrooms)	\$40.00/hr	Elementary Schools & HHS (Saturday & Non Contract Days = Open/Close, & Supervision, Cleaning – 3 hr Minimum)	Classroom	\$100.00
Kitchen (includes one food service supervisor)	\$75.00/hr		Cafeteria	\$200.00
Classrooms	\$50.00/hr		Auditorium	\$350.00
Gym (locker rooms)	\$200.00/hr		Gymnasiums	\$300.00
Auditorium	\$200.00/hr		Commons	\$200.00
Technical Support (Lights, Sound, etc.)	\$75.00/hr		Custodian	Hourly
Snow Removal (Plow & Driver)	\$100.00/hr	Evanston High School, DMS, & EMS (Saturday & Non Contract Days = Open/Close & Supervision, Cleaning – 4 hr minimum)	Classroom	\$100.00
Cafeteria	\$50.00/hr		Lab Classroom	\$150.00
Commons Area	\$50.00/hr		Cafeteria	\$200.00
Additional Equipment			Auditorium	\$500.00
			Gymnasiums	\$500.00
			Commons	\$200.00
		Custodian	Hourly	

**District Use Only**

Applicant Name: \_\_\_\_\_ Required Items: \_\_\_\_\_ Copy of Liability Insurance  
 \_\_\_\_\_ Deposit

**Facility Availability**

Facility Available: \_\_\_\_\_ Yes \_\_\_\_\_ No Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Building Administrator Signature: \_\_\_\_\_

**Facility Use Committee**

Action: \_\_\_\_\_ Approved Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Denied Comments: \_\_\_\_\_  
 \_\_\_\_\_ Fee Waived  
 \_\_\_\_\_ Other \_\_\_\_\_

Deposit \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_  
 Hourly Rate \_\_\_\_\_  
 Daily Rate \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 Custodial \_\_\_\_\_ hrs X \$40.00 \_\_\_\_\_  
 Total Fee \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_

**Central Office**

Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Facility Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Copies sent to: Activites/Business Office/Mainenance \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Office**

Invoice Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Method of Payment: \_\_\_\_\_  
 Completed copy sent to Switchboard: \_\_\_\_/\_\_\_\_/\_\_\_\_