



ORGANIZATION INFORMATION

Date of Request:

Name of Athletic/Academic Program:

Binding Representative of Program: Title:

Work Phone: Other:

Site Address: City, State Zip:

Email:

EVENT INFORMATION

Purpose of Facility Use (Camp/Hosted Tournament/ AIA Sanctioned Tournament): _____

Are participants paying for participation at this event? Yes No **If so, how much?**

Dates*	Day(s) of the Week	Time(s) MUST include set up/clean up	School Name	Space (room, field)	Age Group	Camp Max Capacity (close camp at)	Restrooms (required for events 1 hour or more)
			<input type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any specific requests or equipment request?:

*If you have additional dates, please complete the Facility Use Application Multiple Request Form.

By signing below indicates your understanding that:

1. Requests to use Chandler facilities must be initiated at least 10 business days prior to the use date(s) requested.
2. Request for use of a Varsity Field must be submitted with approval from Assoc. Supt. Frank Fletcher. (email okay)
3. Food and drinks will not be allowed inside the gymnasiums or auditoriums.

Packet Check List per type of event to be held:

Camps/Clinics:

1. Facility Use Application
2. T3 Contract
3. T3 Worksheet for Camps/Clinics
4. Flyer (must be sent electronically in the application in which is was created).

Hosted Tournaments:

1. Facility Use Application
2. T3 Contract
3. T3 Worksheet for Hosted Tournaments
4. Team Application & Roster
5. Flyer (must be sent electronically in the application in which is was created).

AIA Sanctioned Tournaments:

1. Facility Use Application
2. T3 Contract
3. T3 Worksheet for AIA Sanctioned Events
4. Team Application & Roster
5. Flyer (must be sent electronically in the application in which is was created).

Coach Signature:

Date:

For School Office Use Only

Approved Disapproved
Reason Required: _____

Number of custodial hours needed: _____

Open & Close Only
 Duration of Event

If custodian is on-site, please indicate if any fees will be waived.

Number of hours waived: _____

Number of Security hours needed: _____

Number of AV Tech hours needed: _____

Staff Assigned: _____

Varsity Field Use Approval: _____

Site Administrator Name

Admin Signature

Date:

For Community Education Office Use Only

Schedule ID#

Work Order #

Schedule ID#

Work Order #