

Chandler Unified School District

T-3 Facility Use Worksheet

NON-AIA Sanctioned Events

www.CUSDcommunity.com

480-224-3912

*Handwritten forms will not be accepted.

Camp/Clinic Name: _____ Today's Date: _____

Requested Site 1: _____ Specific Area/Room 1 : _____

Requested Site 2: _____ Specific Area/Room 2: _____

*Varsity Field Superintendency Approval _____ *Attach the approved email from the Assoc. Superintendent for Support Services.

Date(s) of Camp/Clinic: _____ Total # of Camp Days: _____ Total # of Camp Hours: _____

***Automatic Calculation** Estimate Number of Participants: X Estimate Fee per Participant: =

Estimate Gross for Camp/Clinic: (Line 1)

15% Community Education/Civic Fee = (Line 2)

Names (Must be district employees)	Student Hrs. per Day	x	# of Days	x	Rate of Pay	=	Stipend
<input type="text"/> Lead	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
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(a) Subtotal

Benefits Adjustment: (Multiply line (a) by 20%) (b)

Consultant/Clinic Fees (Non-district employees) (c)

Total Salaries (Add lines a, b and c) (Line 3)

Materials/Supplies (Line 4)

Total Cost to Run Camp/Clinic: (Add lines 2, 3 and 4) (Line 5)

Adjusted Participant Fee (Line 6)

Amount to be Deposited into District Account - (Parentheses equals deficit) (Line 7) **Deficits Not Allowed**

I have reviewed and completed the T-3 Facility Use Worksheet to the best of my ability. Any adjustments will be communicated with Community Education prior to completion of event.

Budget Course Code & Description _____

Print Camp/Clinic Sponsor Name

Authorized Signature of Camp/Clinic Sponsor

Date

District Athletic Director's Signature

Site AD or Administrator Signature

Revised 7/29/11