



# PAUL VI CATHOLIC HIGH SCHOOL ATHLETIC FACILITY USE REQUEST FORM

PLEASE PRINT CLEARLY

This form is mandatory for **ALL REQUESTS** to use the Athletic Facilities at Paul VI Catholic High School (*In-Season practices/games are exempt*). **Failure to follow procedure will result in suspension from Athletic Facility usage.**

1. All information must be provided before the request form can be processed.
2. Request must be filed at least 10 calendar days before the date of the event/activity.
3. The Athletic Office will review and approve/disapprove request forms based on availability and compliance.
4. Athletic Facilities are only to be used and/or occupied if confirmed with the Athletic Office.
5. User must be in possession of an approved copy of this form at the time of use.

Organization: \_\_\_\_\_ circle one: PVI User ---- Outside User

Sponsor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Description of Event: (attach information if needed) \_\_\_\_\_

\_\_\_\_\_ Number of attendees: adults( ) students( ) ----- spectators( ) participants( )

Date(s): \_\_\_\_\_ Set-up Time Needed: \_\_\_\_\_

Start & End Times: (please specify for each date) \_\_\_\_\_

### Facilities Requested (check all that apply):

Large Gym,  Small Gym,  Locker Room(s)-specify: \_\_\_\_\_  Stadium Field,  Track Field,  Track,  Wt. Room,  Dance Studio,  Wrestling Room,  Room 129,  Aux. Coaches Office,  Concessions-IN or OUTSIDE,  Other-specify:

**Equipment Requested (check all that apply):**  Scoreboard,  PA System,  Tables #\_\_\_\_, Chairs #\_\_\_\_, Other-specify: \_\_\_\_\_

Will you attend? YES / NO – If no, who will be in charge \_\_\_\_\_

Will you collect fees? YES / NO – For what purpose? \_\_\_\_\_ How much? – total \_\_\_\_\_ per person \_\_\_\_\_

If event is for fundraising purposes, do you have an approved fundraiser request form? YES / NO – Date \_\_\_\_\_ (please attach copy)

Is there a third party contract/arrangement with a profit making individual/organization? YES / NO – (if yes attach contract)

Name of individual/organization \_\_\_\_\_ Profit – total \_\_\_\_\_ per person \_\_\_\_\_

Do you have liability insurance? YES / NO – (attach policy) Are you a 501c3? YES / NO – if yes, attach IRS Letter

\*Provide a List of Chaperones (if needed)... Indicate which Chaperones are VIRTUS CERTIFIED, (Ratio- 1:25 children. Must be present ½ hour before the start of the activity and remain until students have cleared the school area)

Will you handle clean-up (trash) and return items, furniture, equipment to its proper place? YES / NO= (**clean-up fee will be charged**)

(A schedule of fees associated with Athletic Facility Use is available in the Athletic Office)

### Athletic Office Use ONLY

#### Fee Calculation –

- Rental: Specify Facility/Equipment \_\_\_\_\_ Hourly Rate \_\_\_\_\_ subtotal \_\_\_\_\_
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- Personnel: Specify Personnel \_\_\_\_\_ Hourly Rate \_\_\_\_\_ subtotal \_\_\_\_\_
- Personnel: Specify Personnel \_\_\_\_\_ Hourly Rate \_\_\_\_\_ subtotal \_\_\_\_\_
- Clean-up: Specify Areas/Items \_\_\_\_\_ Fee(s) \_\_\_\_\_ subtotal \_\_\_\_\_
- Clean-up: Specify Areas/Items \_\_\_\_\_ Fee(s) \_\_\_\_\_ subtotal \_\_\_\_\_
- Other Fees: Specify \_\_\_\_\_ subtotal \_\_\_\_\_
- Other Fees: Specify \_\_\_\_\_ subtotal \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_ (due 24 hrs prior)

**Attachments included** –  Event Info,  Fundraiser Request Form,  Third Party Contract,  Proof of Insurance,  IRS Letter

Approved  Not Approved  Reason \_\_\_\_\_

Date ( / / ) Signature \_\_\_\_\_

Athletic Director/Assistant Athletic Director or Designee

**Distribution:** Requestor, Athletic Office, Student Life, Facilities Director/Custodian, Principal's Office