San Pasqual Valley Unified School District
USE OF FACILITY REQUISITION FORM

ALL Requests must be accompanied by a Certificate of Insurance for San Pasqual Valley Unified School District

Date(s) Term Needed	Function	Facility	Start Time
Admissions Fee or Fundraising Sale □ Yes □ No ASB Approved □ Yes □ No	Name of Person Making Request: _____ Telephone: _____ Cell Phone: _____ Organization: _____ Address: _____City: _____State: _____		End Time Hours Needed
Fields/ Facilities □Outdoor □Indoor	□ Baseball Field □ Football Field □ Gym □ Library □ Cafeteria □ Other_____		
Room Set-Up (Please be Specific)	□U Shape □# of Tables_____□# of Chairs _____ □ Board Room Style □ Other _____		
Equipment Needed (Please be Specific)	□ Microphone(s)#____ □ TV □ Podium □ Power Point □ Project □ Overhead Projector □ Other_____ * It is the organization's responsibility to make the necessary arrangements for Technology through the helpdesk		
Will food be served? □Yes □No	Provided by: _____ *It is the organization's responsibility to make the necessary arrangements for the food services and clean up the facility. Other Pertinent Information:		

Unless specifically requested and approved, all activities will clear by 10:00 p.m. (Gym shoes ONLY for all activities in gym.)
See attached fee schedule for non-school-related activities.
I agree to comply with laws of the State of California and the policies of the Board of Trustees of the San Pasqual Valley Unified School District.
Please Print Name: _____ Signature: _____Date: _____

District Use ONLY

Approved: □ Yes □ No	Date:	School Staffing Needed	Yes	No	#of Hours
Principal/Designee:	Date	Custodian			
Athletic Director:	Date:	Grounds			
Superintendent:	Date:	Maintenance			
Director of Facilities:	Date:	Security			
Needed Board Approval □Yes □ No	Date:				