

Sahuarita Unified School District No. 30

Sahuarita High School Sahuarita Middle School Sahuarita Primary School Sahuarita Intermediate School Anza Trail School Sopori Elementary School Walden Grove High School Copper View Elementary School

Name Of Organization: Name of Event:					Date of Rec	Date of Request:			
Representative of Organization (preferably President):					Title:	Title:			
Home Phone:		Work P	Work Phone:			Cell:			
Mailing Addres	ss (including City	y and Zip Code):	:						
E-mail Address:			Fax:			Circle One: For-Profit Not-for-Profit 501-C3			
Sig	nature of Repres	sentative	-		Date				
Details of Facility Use Request									
Date(s)			Space/AreaRequ (room, field, Gyn			Estimated Number of Participants	Outdoor use only: Restrooms Needed?		
							Y	N	
							Y	N	
Describe the ser	tivity (i.a. basal	hall swimming	meeting) and any n	accessory sat ur	roquirod		Y	N	
Who will be participating (check one):YouthAdults If youth are participating, does this activity serve current Sahuarita students? Yes No									
If using the Auditorium or Pod, please complete the following:									
What will you be using? MainPod APod BStart time of the event?End time?									
Will tickets be sold for this event?Price?Purchase at:									
Date tickets on sale?Will you need the Box Office on date of Event?(SUSD does not provide ticket services.)									
For information on event, contact: Phone:E-Mail:Website:									
Chairs (quantity)Tables (quantity)Music Stands (quantity)Podium									
Other: Other Stell Day Risers O'R How Plano Plano Other:									
Technical Requ	iests: (Please des	cribe fully.)					_		
Lights:									
Sound:									
Is Sahuarita Dis	strict Auditoriun	n Staff needed fo	or this event?	Lighting	Tech	Sound Tech			
If bringing in eq	quipment, please	describe equipn	nent and placement	in Auditorium	:				
If set up is need	ed, please provi	de a diagram bel	ow or attach a sepa	rate sheet:					
Approved by the Governing Board on May 12, 2010.									