

Date: _____

Time: _____

Indoor Facilities Scheduling

Rental Request Form

Complete this form and email to Lynnann.Day@canyonsdistrict.org

Note: This is not a confirmation of your rental request. Once received by Canyons School District, we will reply as soon as possible. For rental information, please refer to the Facilities Rental booklet and Rental fee schedule.

Organization: _____

Contact Name _____ Phone/Email: _____

Resident of Canyons District Yes No

Type of Activity: _____

Date(s) _____

Day(s) of the week: _____

Actual Arrival Time(s): _____ Actual Departure Time(s) _____

How Many People expected: _____

Resource(s): Main Gym Auditorium Classroom Other: _____

Technical Support Yes No Lighting Support Yes No

Sound & Lights Microphone Microphone stand

Will you be charging an admission fee? Yes No Comments: _____

Will you be earning income/selling items? Yes No Comments: _____

Can you provide current certification of Insurance: Yes No Comments: _____

Preferred Location: 1st choice _____

Preferred Location: 2nd choice _____

For Profit Organization *Non-Profit Organization *If non-profit, a 501c3 form **must** be provided

BELOW FOR OFFICE USE ONLY

Confirmed Declined Reason: _____

School Name: _____

Insurance Provided:

Completed By: _____ Date: _____