

RAMAH NAVAJO SCHOOL BOARD, INC.
APPLICATION FOR USE OF SCHOOL FACILITIES
PINE HILL SCHOOL

Please complete both **A** and **B** sections of the form.

A. General Information

1. Name of group applying: _____

2. Name of responsible individual: _____

3. Type of activity: _____

4. Number of people anticipated for this activity/amount of space needed for this activity: _____

5. Date of activity: _____

6. Time activity will begin: _____ (AM) (PM) End: _____ (AM) (PM)

7. Location or room request: _____

8. Will you be using any electrical equipment? Yes: No:

If so, please explain: _____

9. Will you be using any other kind of special equipment? Yes: No:

If so, please explain: _____

10. Will you need to use any of the school's equipment or special facilities such as film projectors, kitchen, locker rooms, etc.? Yes: No:

If so, please explain: _____

11. Will there be an audience attending? Yes: No:

12. Will there be a charge for admission? Yes: No:

13. Security MUST be provided for evening events. Have you arranged this with the Pine Hill School/RNSB, Inc. Security Department and/or Ramah Navajo Police Department? Yes: No:

14. If this is a group sporting event, Emergency Medical Services must be arranged. Has this been done? Yes: No:

I have read and understood the material about the use of school facilities. If this application is approved, I will abide by all the rules, regulations and understandings.

RESPONSIBLE INDIVIDUAL: _____ **DATE:** _____

ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

***Approvals is on the next page**

B. Signature Approvals

***APPROVAL(S):**

_____ Date: _____

Athletic Director (for usage of athletic equipment/gym/football or softball field)

_____ Date: _____

Food Services Director (for usage of Multipurpose/Kitchen area)

_____ Date: _____

Department Director (for other Facilities, e.g., Dormitory, etc.)

_____ Date: _____

K-12 Principal (Education) (Also includes usage of PRC, Arena or Farm Facilities)

_____ Date: _____

Facilities Operations Manager

***Proper approval signatures must be obtained prior to turning the completed form into Facilities Management; otherwise, your request will be delayed or rejected. Thank You.**

FOR OFFICE USE ONLY

Date received at Facilities Management office: _____

Received by: _____

Security Deposit and Rental Fee Paid: Yes: No:

Amount Paid: \$ _____ FM Receipt #: _____

Security Deposit and Rental Fee MUST BE PAID PRIOR TO THE EVENT; otherwise, reservation for request will not be guaranteed.