



APPLICATION AND AGREEMENT FOR USE OF SCHOOL BUILDING FACILITIES

CITY CLERK ORIGINAL

GLENDALE ELEMENTARY SCHOOL DISTRICT #40
7015 W MARYLAND AVE, GLENDALE, AZ 85303
623-237-6202

C-9761
03/26/2015

SCHOOL REQUESTED: Harold W. Smith TODAY'S DATE: 3-11-15
NAME OF ORGANIZATION: City of Glendale Class I Class II Class III

SINGLE DATE USE RENTALS • COMPLETE THIS INFORMATION
(please print)

Rooms/Area Requested (circle all that apply): Cafeteria/MPR Auditorium Classrooms # Other:
Date Requested: 4-6-15 S M T W T H F S A Hours: from 4:00 to 5:30 am pm # Attending 20
Purpose of Activity: Mobile Office Hours - Council member School Related: Yes No
Special Equipment or Needs:

MULTIPLE DATE USE RENTALS • COMPLETE THIS INFORMATION
(please print)

Rooms/Area Requested (circle all that apply): Cafeteria/MPR Auditorium Classrooms # Other:
Date Requested: through S M T W T H F S A (Please Circle Day of Week)
Hours: from am/pm to am/pm (please include set-up/take down) # Attending
Purpose of Activity: School
Related: Yes No Special Equipment or Needs:
Exceptions to above dates: (Include holidays or dates not used)

FACILITY USAGE FEES AND CHARGES
(FOR OFFICE USE ONLY)

Facility Used Hourly Rate \$ X Hours Used = \$
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Facility Used Hourly Rate \$ X Hours Used = \$
Equipment Used Flat Rate \$ Total Used = \$
Additional Charges: Custodial Utilities Special Employee Other:
Additional Security Services Required: Yes No
In-Kind Service/Activity VALUE: \$
Payment Due Date: Total Charges for Use: \$

Applicant has read, understands and agrees to comply with all rules and regulations listed on reverse side.

Responsible Party: City of Glendale Telephone: 623-930-2249 Telephone:
Mailing Address: 5850 W. Glendale Ave City/State: Glendale, Arz ZIP: 85301
Activity Site Supervisor: Council member Aldams Telephone: 623-930-2249 Telephone:
Signature of Organization Representative:

School Administrator:
Director of Maintenance & Operations:
Risk Manager:

FOR OFFICE USE ONLY:

Class I Class II Class III Insurance (\$1,000,000) Approved Denied
Amount Paid Date Paid Cash/CHK/MO#

Approved as to form

City Attorney signature

ATTEST: City Clerk signature