Tohono O’odham Nation Recreation Division

FACILITY USAGE APPLICATION

Center: [ ] Sells [ ] San Xavier [ ] Pisinemo [ ] Hickiwan [ ] Al Jek

Date(s) of use: ______________________ To: ______________________ Day(s) of the week: ______________________

Time: ______________________ To: ______________________ Expected # of persons: ______________________

Purpose of request: ______________________

Requester’s Name or Organization: ______________________ Contact Person: ______________________

Mailing Address: ______________________

Telephone Number Day: ______________________ Evening: ______________________

Email: ______________________

FACILITY (List specific field and room when applicable)

[ ] Multi-Purpose Room (MPR) [ ] Softball Field [ ] Kitchen [ ] Field Lights [ ] Game Room
[ ] Soccer/Football Field [ ] Gymnasium [ ] Ramada [ ] Amphitheater [ ] Grills
[ ] Other: ______________________

SET UP

(This is for the MPR and Game Room ONLY, if requesting gymnasium all set-up is done by requester)

There is a limited number of tables and chairs for up to 75 people maximum, requester must provide
their own tables and chairs for events above 75 people. NO EXCEPTIONS.

[ ] Classroom Style [ ] Theater Style [ ] Chairs Only [ ] Square [ ] Horse Shoe
[ ] Bleachers [ ] Other: ______________________

(If there are special instructions attach a detailed description)

CLEAN UP

It is the responsibility of the requester to clean up the area they use. Requester must fill out a clean
checklist provided by staff. The facility should be inspected by the requester and staff both prior to and
after use. The recreation division will provide all necessary cleaning supplies for the areas used.

Requesters Initials: ______________________

FUNDRAISING

Fundraising events will ONLY be allowed when it is a direct benefit to a recognized community
organization or event (schools, non-profit, churches, volunteer committees, nation’s departments). The
Recreation Division will require an official letter of endorsement from said organization. Memorial
tournaments, family fundraisers, BINGO’s, dances etc. are permitted within normal business hours and
with approval.

Requesters Initials: ______________________

EXPECTATIONS

- The Tohono O’odham Nation Recreation Division’s activities, events and programs etc. have
  PRIORITY before any request(s) for any of the facilities, areas, and ball fields.
- To ensure fairness and usage availability for all community members, departments and programs
  long-term facility usage will need to be approved by the Recreation Operations Manager and/or
  the Director of Education.
- Any facility requests over a two (2) week/14-day period will need approval from the Recreation Operations Manager and/or the Director of Education.
- No facility request will be approved outside of normal business hours. (See center hours, requester should include set-up and clean-up times in their request).

I fully understand that this application does not confirm any requests until approved by the necessary parties. The requester will be contacted by email or phone upon approval or denial. A copy will be provided upon request. I acknowledge, understand and agree to all items and terms as outlined in this facility request/usage application. Should any emergencies happen during my request I will contact Center staff immediately. I further affirm that I have completed this application to the best of my ability and as detailed as possible. Future facility request/usage can be denied for requesters that do not follow Recreation Division policies, guidelines, rules, codes of conduct, etc.

Applicant agrees to hold The Tohono O’odham Nation Recreation Division its agents, employees and volunteers harmless for any and all acts and/or omissions and accepts sole responsibility for the request/usage of the facility.

Requesters Signature:_________________________________________ Date:________________________

 Application Received by:________________________________________ Date:________________________

Facility Program Coordinator:____________________________________ Date:________________________
[  ] Approved  [  ] Denied

Services Manager:______________________________________________ Date:________________________
[  ] Approved  [  ] Denied

Operations Manager:___________________________________________ Date:________________________
[  ] Approved  [  ] Denied