

**Timpview High School Field or Gym Rental
Reservation Request Form**

Name of Contact Person: _____

Phone Number: _____

Email Address: _____

Name of Organization: _____

Mailing Address: _____

(Circle One)

Type of Organization: Non-Profit Commercial Out of Area Commercial

Date & Time Preference:

Dates	Start Time	# of Hours of Rental
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Area(s) of Facility requested: _____

Purpose of Rental, please specify

Estimated number of people expected to attend: _____

Describe Additional needs requested:

*Rental agreements will only be finalized once a current certificate of liability insurance is on file. Please verify all requested dates and times are open within the rental venue you desire to reserve and rent. **Final notification of secured venue request will be given 90 days prior to scheduled event with proof of insurance and payment.***