



Bayfield School District Facility Request

Today's Date: _____

Name of Organization: _____

Event Name: _____

Contact Person: _____ Phone: _____ Email: _____

Contact Person will be responsible for financial obligations and observance of policies, rules, and regulations.

Date(s) Requested: _____ Anticipated Attendance: _____ Set Up Time Requested: _____

Actual Times of Event: _____ to _____ Times for Door Unlock/Relock _____ to _____

Facility Requested:

Bayfield High School

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Auditorium** | <input type="checkbox"/> Concessions+ | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Weight Room |
| <input type="checkbox"/> Auxiliary Gym | <input type="checkbox"/> Gym Commons | <input type="checkbox"/> Main Gym | <input type="checkbox"/> Wrestling Room |
| <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Instrument RR | <input type="checkbox"/> Practice Field | |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Stadium | |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Vocal RR | |

Bayfield Middle School

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Football Field | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Weight Room |
| <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Gym | <input type="checkbox"/> Music Room | |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Outdoor Rec Room | |
| <input type="checkbox"/> Concessions+ | <input type="checkbox"/> Library | <input type="checkbox"/> Wrestling Room | |

Bayfield Intermediate School

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Multi Use Cafeteria/Commons Area |
| <input type="checkbox"/> Concessions+ | <input type="checkbox"/> Library | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Soccer Field |

Bayfield Primary School

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Library | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Playground | |

*Use of kitchen facilities requires at least one BSD Kitchen staff member due to state health code. Cost of \$18 per hour per staff.

**Use of BHS Auditorium production sound and production lighting requires BSD staff for operation. Cost \$24 per hour per staff.

+Use of concession stands requires group to follow Colorado health codes and BSD Concessions protocol.

Additional Information: _____

Specify equipment and set up: _____

Received and understand Community Use of School Facilities, KF-R Fee schedule? Yes No

Proof of Insurance provided to District Facility Director? Yes No

Signature: _____ Date: _____



Bayfield School District Facility Request

Office use only

Organization: _____

User Fee: Yes No

Category: 1 2 3 Other: _____

Facility fee: \$ _____

Custodian on duty: Custodian/s _____ for _____ hrs. @ \$18 per hr

Kitchen staff on duty Kitchen staff/s _____ for _____ hrs. @ \$18 per hr.

Sound/light staff on duty S/L staff/s _____ for _____ hrs. @ \$24 per hr.

Staff fee: \$ _____

Other fees: \$ _____

Total Fees: \$ _____

Fees payable at the Bayfield District Office, 24 S Clover Drive. Please make checks payable to Bayfield School District.

Proof of liability insurance provided Yes No N/A

Applicant notified of fees assessed Yes No N/A

Fees collected Yes No N/A

Approve Principal or designee _____ Date: _____

Add to Campus Calendar

Approve Facility Director or designee: _____ Date: _____

Other Approval: _____ Date: _____

Comments or notes: _____
