

**Facilities Usage Request**  
**CITY OF SIERRA VISTA**  
**Department of Parks of Leisure Services**

Today's Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Facilities requested: \_\_\_\_\_

Number of participants expected (this must be filled in): \_\_\_\_\_

Program or Activity

Name: \_\_\_\_\_

M      T      W      TH      F      SA      SU

Requesting

Program Start Date \_\_\_\_\_ Program End Date \_\_\_\_\_

And Times \_\_\_\_\_ And Times \_\_\_\_\_

PERSON IN CHARGE:

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

REPRESENTING:

Joyce Clark Middle School \_\_\_\_\_ Elementary: \_\_\_\_\_

Buena High School \_\_\_\_\_

PLEASE ATTACH GAME AND PRACTICE SCHEDULES (if Necessary)

Additional set-up dates and times (to include lights and field lining) if needed

Principal/Athletic Director \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Community School Director \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For CS Coordinator only/Funding Source~ School PO \_\_\_\_\_ / Other \_\_\_\_\_

DPLS Approval \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

DPLS Receipt and Reservation # \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_