Timpview High School Building & Room 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:			
1 st Choice –	Dates	Start Time	# of Hours of Rental
2 nd Choice –			
3 rd Choice –			
Area(s) of Facility request	ed:		
Purpose of Rental, please s	specify		
pood or remain, predoct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Estimated number of peop	ole expected to	attend:	
Describe Additional needs	. ex. Tech Crev	v. Security. etc:	

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.