



# SANTA FE PUBLIC SCHOOLS

Improving Our Lives Through Education



## FACILITY USE FOR YOUTH PRACTICES & GAMES

NAME OF ORGANIZATION: Santa Fe Independent Youth Basketball Program

TYPE OF EVENT:  BASKETBALL  SOCCER  WRESTLING

CHEER/DRILL  VOLLEYBALL  OTHER

1<sup>ST</sup> CONTACT NAME: Melvin Chavez, President CELL PHONE: 577-0911

2<sup>ND</sup> CONTACT NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

REQUESTED SCHOOL SITE: \_\_\_\_\_

Squad 1: Coach/Sponsor Name: _____	Cell Phone: _____
Asst. Coach/Sponsor Name: _____	Cell Phone: _____
Main Gym: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	Start Time: _____ End Time: _____

Squad 2: Coach/Sponsor Name: _____	Cell Phone: _____
Asst. Coach/Sponsor Name: _____	Cell Phone: _____
Main Gym: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	Start Time: _____ End Time: _____

Squad 3: Coach/Sponsor Name: _____	Cell Phone: _____
Asst. Coach/Sponsor Name: _____	Cell Phone: _____
Main Gym: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	Start Time: _____ End Time: _____

Squad 4: Coach/Sponsor Name: _____	Cell Phone: _____
Asst. Coach/Sponsor Name: _____	Cell Phone: _____
Main Gym: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	Start Time: _____ End Time: _____

GAME DAYS: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs.	Start Time: _____ End Time: _____
<input checked="" type="checkbox"/> Saturday	Start Time: _____ End Time: _____

By signing below, the undersigned certifies that he/she has been duly authorized by the applicant named above to act on its behalf in making the application for use of a District Facilities. All rules and regulations of SFPS will be followed. The Principal's signature gives site approval for use of facility as specified above.

Melvin Chavez  
Applicant's Signature

Melvin Chavez  
Print Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Print Principal's Name

\_\_\_\_\_  
Date