

MISSION VALLEY CHRISTIAN ACADEMY  
APPLICATION FOR USE OF FACILITIES

Date of application: \_\_\_/\_\_\_/\_\_\_

Name of organization:

\_\_\_\_\_

Name of contact:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Person in charge of use:

\_\_\_\_\_

Facilities desired: \_\_\_ Classroom(s) \_\_\_ # needed \_\_\_ Eagles Nest \_\_\_ Field Space

\_\_\_ Wedding (Full Campus)

Other (Describe) \_\_\_\_\_

Weekly/Daily usage dates:

Dates: \_\_\_\_\_ to \_\_\_\_\_ Times: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of people using facility:

\_\_\_ Estimated adults \_\_\_ Estimated children (17 and under)

Carrier of Insurance:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

Amount of coverage: \_\_\_\_\_

In order to be considered for facility rental, you must provide Valley Christian Schools with a Certificate of Insurance naming MVCA as co-insured. Liability insurance must be in the amount of \$1,000,000.