

**PILLAGER SCHOOL DISTRICT FACILITIES USE
REQUEST FORM**

Organization Name:

Contact Person:

Mailing Address: Phone Number:

Email Address:

Indicate if applicable:

- School district activity or organization
- Governmental organization, Political Party
- Local civic or nonprofit organization
- Local nonprofit organization planning on charging a fee/raising revenue during the facility use
- Commercial organization
- Other (please describe):

- Nonprofit organizations: Please indicate whether your organization has 501(c)(3) status ___ yes ___no

Event Name and Description:

School District Facilities Requested:

___ Classroom #	___ Elem Gym	___ Elem Cafeteria	___ HS Kitchen
___ HS Commons	___ MS Commons	___ Media Center	___ Other _____
___ HS Gym	___ MS GYM	___ CTC Center	___ Outdoor Facility _____

Event Date:

Event Times:

_____ Access to facilities
_____ Event start time
_____ Event end time
_____ Depart from facilities

Number of people (estimate): _____ youth _____ adults

If food will be served, please describe type of food, facilities need, and cleanup plan:

Technology or other equipment needed (if any):

By completing this form, I agree that I have reviewed the District's [facilities use policies, rules, and fee schedule]. By signing this Request Form, I agree in my capacity and on behalf of the organization, to abide by these rules and to ensure that they are enforced before, during, and after the event. I represent and agree that the organization will hold the District harmless and indemnify the District for any and all damages, costs, and expenses, including attorney's fees, incurred, suffered, or claimed by any person arising out of the organization's use of the District's facilities.

Signature: _____ Date: _____
Insurance Company: _____ Policy or Certification Number: _____

If submitted as an email attachment, the email shall serve as your signature.

-----For District Use-----

Facility Usage Fee _____	Security _____ at \$___/hr = \$_____
Equipment Fee _____ at \$___/hr = \$_____	Custodial _____ at \$___/hr = \$_____
Other Charges _____	Kitchen Staff _____ at \$___/hr = \$_____
Comments _____	Tech Support _____ at \$___/hr = \$_____
	Supervisor _____ at \$___/hr = \$_____

Total Charges: _____

Security Deposit \$_____ due by _____

Date Received: _____ Permit Number: _____

Date Issued: _____ Confirmation Sent: _____

User must make a request of ISD to use ISD's facility or grounds by fully completing and submitting this agreement form to ISD **a minimum of five (10) business days** prior to the date(s) of the event/period of use. ISD has the sole and absolute authority to accept or reject such facility or grounds use request. User further acknowledges and consents that ISD may charge Users fees for use of ISD facility or grounds, and that such fees (and methods of payment therefor) will be determined in the sole and absolute discretion of ISD.