

Single Use
Multiple Use

Puyallup School District No. 3 Application and Agreement for Grass Fields

The Puyallup Board of Directors subscribes to the belief that public schools are owned and operated by and for its patrons. The public is encouraged to use school facilities but shall be expected to make payment to the District for such use to ensure that funds intended for education are not used for other purposes. Community use of facilities is subject to the terms and conditions on this form, as well as, District Policy #4260, Regulation #4260R and the current schedule of user fees. **A copy of this form must be in the possession of the user at the time of the event.**

School/Field Requested: _____

Playfield (List field) _____ Covered Playshed/Play Area

PLEASE COMPLETE THE REQUIRED INFORMATION BELOW. APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL FIELDS BEING COMPLETED

Organization: _____
Person Responsible: _____
Billing Address: _____
City, State and Zip: _____
E-mail Address: _____

District Use Only

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Time and Dates:

Dates Required From: _____ To: _____

Dates Not Available: _____

Rental Start Time: _____ PM End Time: _____ PM Total Days Used: _____ Hours (per each use): _____

Grand Total of Hours: _____ Day(s) of Week: Mon Tue Wed Thu Fri Sat Sun

Purpose:

Purpose of the facility use? _____ Attendance per Hour: _____ Time of Event: _____ PM

Admission: No \$ _____ Equipment/Setup Needs: _____

If special needs are required (such as handicapped access), call Facilities at 253-841-8758

Signature (Person Responsible):X _____
By signing, the User indicates he/she has read, understands, and agrees to the terms and conditions outlined in School Board Regulation #4260R (most current version posted on the web) and those on this form.

Completed applications are accepted via email at: marthml@puyallup.k12.wa.us

Section to be completed by District: Fees shall be paid two weeks in advance as outlined in School Board Regulation #4260R.

Bill Monthly _____ Location Code: _____ Budget Code: _____

Approval:

___ Youth ___ Adult ___ ASB-Sponsored

Required Items Checklist:

- 1. ___ Certificate of Liability-Received
- 2. ___ Statement of Compliance (Concussions)-Received
- 3. ___ Payment Received

Superintendent or Designee

Signature : _____ Date : _____



PUYALLUP
SCHOOL DISTRICT
A Tradition of Excellence