

# Pattonville School District Facility Use Application PSD-M/3

(Except Auditorium)

Applicant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_ Time Frame: \_\_\_\_\_

Date Requesting: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Organization Name or Purpose: \_\_\_\_\_ Group Size: \_\_\_\_\_

Percentage or Number of Students in Group that Attend PSD: \_\_\_\_\_ % Fundraising:  Y  N

District Resident:  Y  N | Profit:  Non-Profit:  | Copy of Non-Profit 503C Letter Provided:  Y  N

<b>Building Elements</b>	<b>Minimum 2 Hours</b>	<b>Additional per Hour</b>
<input type="checkbox"/> All Classrooms	\$10.00	\$5.00
<input type="checkbox"/> Cafeteria	\$60.00	\$30.00
<input type="checkbox"/> Elementary Activity Rooms	\$60.00	\$30.00
<input type="checkbox"/> Elementary Gyms	\$60.00	\$30.00
<input type="checkbox"/> High School Gym	\$115.00	\$57.50
<input type="checkbox"/> High School Activity Room	\$90.00	\$45.00
<input type="checkbox"/> Heights Main Gym	\$115.00	\$57.50
<input type="checkbox"/> Heights Back Gym	\$90.00	\$45.00

<b>Building Elements</b>	<b>Minimum 2 Hours</b>	<b>Additional per Hour</b>
<input type="checkbox"/> Holman Gym A	\$115.00	\$57.50
<input type="checkbox"/> Holman Gym B	\$90.00	\$45.00
<input type="checkbox"/> Locker Rooms (Boys or Girls)	\$35.00	\$17.50
<input type="checkbox"/> Low Ceiling Room	\$60.00	\$30.00
<input type="checkbox"/> Multipurpose Room	\$60.00	\$30.00
<input type="checkbox"/> Fields	\$115.00	\$57.50

Custodial fee: \$32 an hour \_\_\_\_\_

All non-Pattonville organizations please submit full payment and copy of insurance with the application. Checks are made payable to Pattonville School District.

**Total Cost:** \_\_\_\_\_

The undersigned hereby makes application to Pattonville school premises and has read and understands the Facility Usage policy and procedures. In addition, agrees to observe all regulations as set forth by the Board Education and Missouri School Law.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

**Approved:** \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_



**Send copy to Community and Staff Engagement Department.**