

**MOUNT PLEASANT AREA SCHOOL DISTRICT
FACILITIES REQUEST FORM**

Organization Information

Name _____
 Address _____

 Phone Number _____

Requestor Information

Name _____
 Address _____

 Phone Number _____

 Email _____

Request Details

Purpose _____
 Date(s) of Use _____ Hours of Use _____ Total Hours _____

FACILITY REQUESTED

	Cost per hour	Hours requested	For official use only
<input type="checkbox"/> Viking Stadium	\$ 100.00	_____	
<input type="checkbox"/> Stadium Lights	\$ 400.00	_____	
<input type="checkbox"/> Locker Room Facilities	\$ 50.00	_____	
Gymnasiums			
<input type="checkbox"/> JR High School	\$ 75.00	_____	
<input type="checkbox"/> SR High School	\$ 75.00	_____	
<input type="checkbox"/> Elementary	\$ 75.00	_____	
<i>Specify school _____</i>			
<input type="checkbox"/> Auditorium	\$ 75.00	_____	
<input type="checkbox"/> Pool (Life Guard required)	\$ 75.00	_____	
<input type="checkbox"/> Classrooms/Library	\$ 50.00	_____	
<i>Specify school/room _____</i>			
<input type="checkbox"/> Athletic Fields	\$ 50.00	_____	
<i>Specify field _____</i>			
<input type="checkbox"/> Cafeteria/Kitchen	\$ 75.00	_____	
<i>Specify school _____</i>			
ADDITIONAL COSTS: (To be determined by School District)			
<input type="checkbox"/> Custodial Needs	_____	_____	
<input type="checkbox"/> Security	_____	_____	
<input type="checkbox"/> Stage Crew	_____	_____	
<input type="checkbox"/> Supervision (per day)	_____	_____	
<input type="checkbox"/> Stage Hands	_____	_____	
<input type="checkbox"/> Other	_____	_____	

TOTAL COSTS _____

Signature of Requestor: _____ Date: _____
By signing, the requestor confirms that the above information is accurate and that the event will operate within the guidelines established by the School Board's Policy #707 "Use of School Facilities". The requestor also agree to provide the appropriate insurance information requested and will make full payment for the rental at the time of approval.

District Use Only
 Approved by :
 Athletic Director _____
 Superintendent _____
 Business Administrator _____

Business Office Use Only
 Insurance Verification: Name: _____
 Liability Limits: _____ Policy Dates: _____
 Invoice sent _____
 Payment Received _____

cc: Building Principal