

APPLICATION FOR USE OF DISTRICT SCHOOLS/FACILITIES/GROUNDS



Riverview Gardens School District
 1370 Northumberland Drive – St. Louis, MO 63137
 Phone (314) 869-2505 x 1418 Fax: (314) 388-6076
 Website: www.rgsd.k12.mo.us

Name of Organization Applying: _____

Address & Telephone Number: _____
 (Street Address) (City, State) (Zip Code) (Phone)

Name of Requested Facility: _____ Area/Room # Desired: _____
 (e.g. field, gym, etc.)

Dates Requested (Specify month(s) and day(s): _____ Start Time & End Time _____

Name(s) of person(s) who are to be in charge _____

What percentage of participants Riverview Gardens residents?: _____ Percentage: _____ Actual Number: _____

Will you be charging patrons at this event or conducting ticket sales?

Are the kitchen facilities being requested? Yes No

Were you ever denied access to another school facility?: Yes No

Purpose for which premises are to be used: _____

Insurance Provider Policy #/Amount: _____ (A Copy of the insurance policy must be attached)

***NOTE: Insurance Policy must include Riverview Gardens as insured.

Upon permission to use the facilities, the applicant/organization agrees to be responsible for the conduct of those who enter the building pursuant to the application and for any damage to any person or property. The applicant/organization further agrees to hold the School District harmless and defend it from all claims or liabilities in connection with the use. The applicant/organization further agrees that the school property will be used in accordance with the rules and regulations of the School District and the directives of the superintendent or designee. The undersigned has received a copy of Board Policy and Procedures regarding "Community Use of School Facilities." The Special Administrative Board and/or the superintendent has the authority to deny approval as deemed necessary.

*******(DISTRICT WILL SEEK RESTITUTION FOR VANDALISM)*******

**USE OF FACILITIES FORM MUST BE REQUESTED AT LEAST ONE MONTH PRIOR TO DATE NEEDED
 (Must reserve with full payment 2 weeks prior to approval)**

Prior to approval, **this form, fees**, and a copy of the **insurance policy must** be in the possession of Riverview Gardens School District.

Applicant Signature	Date	Receipt by District: Safety & Security Director	Date
----------------------------	-------------	--	-------------

FOR OFFICE USE ONLY... Fiscal Year ends June 30th all applicants must renew contracts.

Application Approved: Application Disapproved for the following reason(s): _____

Safety & Security Director Rental Fee Rental Cost \$ _____ Signature: _____ Date: _____

Building Administrator (Facility is available for use at requested time) Signature: _____ Date: _____

Security Requested/Required: Yes No Cost Per Hour: \$ _____ Signature: _____

Kitchen Facility Requested: Yes No Cost Per Hour: \$ _____ Signature: _____

Custodian Requested/Required: Yes No Cost Per Hour: \$ _____ Signature: _____

Insurance Required: Yes No Total Fees Paid: \$ _____ Signature: _____

Original (Central Office/Finance) Copy 1 (Facilities) Copy 2 (Building) Copy 3 (Applicant)