PUEBLO SCHOOL DISTRICT 60

REQUEST FOR
COMMUNITY USE
OF SCHOOL FACILITIES

EXHIBIT B

Schedule ID:

_____

Attention applicants for facility use: Please complete the following information. Your request for use of District facilities is subject to approval of the Facilities Management Department, who will contact you to finalize terms and rates if your request is approved.

FACILITY INFORMATION
Facility Requested _____
Area/Rooms Requested_____

USER/ORGANIZER INFORMATION
Organization Requesting Use: _____
Address: _____
Tax Exempt #: _____
Organization Contact: _____
Daytime/Cell Phone: (____)_____ E-Mail Address: _____
On Site Adult Responsible Contact: _____
Daytime/Cell Phone: (____)_____E-Mail Address: _____
Insurance Carrier: _____
Policy Number: _____
Expiration Date: _____

SCHEDULE INFORMATION   Circle Days
Dates Requested: _____   **SU M T W TH F SA**
Time(s) Requested: _____
Activity Description: _____
Is Participant Fee Charged: Yes ( ) No ( ) If participant fee is charged, list amount for all costs/fees charged to participants for duration of facility use: $_____
Estimated # of Participants: _____
List Any Special Room Set Up Required: _____

SCHOOL AUTHORIATION
For School Use Only:
Is the school available for this request: Yes ( )   No ( )
I verify that my school is available for this request and approve Facilities Management to process this request for the dates and times specified above.
School Administrator: _____ Date: _____

For Facilities Use only
Estimated Fee:
Total Number of Hours of Use: _____ hours
Rental Hourly Rate: $_____ per hour   Total Rental Rate Fee: $_____
Custodial Personnel Fee $27.00: _____ hours (minimum of 4 hours)   Total: $_____
Damage Deposit: $_____ (if required)
Special Equipment Fee: $_____
                                        Total Payable at Time of Approval: $_____

Request Approved ( )   Request Denied ( )   Date: _____

Facility Use Coordinator: _____