

City of St. Charles School District
400 North Sixth Street
St. Charles, MO 63301

FACILITIES USE APPLICATION

(Minimum 2 week notice required)

Before filling out this application, please read the Rules and Regulations on our District website under board policy KG and KG-R then complete the form below starting with the date. If there is a charge you will be invoiced prior to event.

Charge for this Facility: \$ _____

Charge for Custodian \$ _____

Today's Date: _____

___ Profit ___ Non-Profit

Name of Organization: _____

Facility you are requesting: _____

Location in facility that you will be using: _____ # People attending _____

Equipment requested: # Tables _____ # Chairs _____ Podium _____ Microphone _____ List other _____

For Auditorium use/circle please: **Lighting** **Spotlights** **Sound** **Risers** **Projector Screen**

Purpose for which the above facility is to be used: _____

Date(s) of event: _____

Time beginning (include set-up): _____ Time ending (include clean-up): _____

Name of person(s) in charge of this event: _____

This application is made with full understanding of the General Regulations on Facilities Usage which is found on our District Website as stated above. The user agrees to defend and hold the City of St. Charles School District, it's officers, agents and employees harmless from every claim, demand, loss, damage, liability and expense relating to any actual or alleged injury to any person or actual or alleged loss or damage to property caused by or resulting from any occurrence on the school premises in connection with use of this facility, except those caused by the gross negligence or willful misconduct of agents and employees of the City of St. Charles School District. The applicant personally guarantees the payment of fees, miscellaneous charges or damages that may be assessed during the period the facility is in use based on the date and time indicated.

*Certificate of Insurance required for all events.

By signing this application you have read and agree to abide by the school policy and all applicable fees.

Applicant's Name (Print)

Applicant's Signature

Email address

Contact phone numbers

Address

City

State

Zip code

Approved: Principal

Approved: Business Office