

BOARD OF EDUCATION OF THE CITY OF ST. LOUIS Application for Use of School Premises Operations Department

USE BALLPOINT PEN OR TYPEWRITER APPROVED COPY WILL BE EMAILED TO YOU

		Date		
Name of Individual or Organization				
Name of school to be used		Space desir	Space desired	
Date(s) desired				
Day(s) of week		Hours of day	a.m p.m.	
Number of date(s) covered by this reque	est			
Names, addresses and telephone numb	pers of at least two perso	ons other than applicant who will be in ch	arge of meeting.	
(Name)	(Address)	(Telephone #)	(Cell #)	
(Name)	(Address)	(Telephone #)	(Cell #)	
Nature and Purpose of meeting				
Will there be an admission fee?	′es □ No	If so, how much?		
Do you intend to serve refreshment?	Yes 🗆 No	If so, what type?		
Number of Custodians Needed:				
persons present, c) for any and all injury or do of school premises by all persons present; an and organization releases the Board of Educ with the use of the premises and agrees to sustained in connection with use of the prem	amage, which may result to d 2) to ensure that no alcoh ation and its agents and er indemnify and hold the Br ises including attorney's fe	s: 1) to be responsible for: a) supervision of p person or school property, and d) for the observation of or firearms will be allowed on the premises. mployees from any and all claims and liability is oard of Education and its employees harmles bees and costs. <u>Please be advised that it is in</u> <u>nissioner. Violations of this rule will void yo</u>	ervance of the rules governing the use In addition, the undersigned individual incurred by any of them in connection s for any and all monetary damages npermissible to charge for parking	
event and/or meeting. Organizations not payments shall be in the form of money ord	directly connected with so lers or certified check mac at any time, without cau	I Buildings (801 North 11 th Street) <u>at least TEI</u> shool programs are subject to charges for the le payable to the Board of Education of St. L se or penalty. St. Louis Public School Distri nparable facilities will be provided.	e use of school premises. Required ouis. St. Louis Public School District	
Signature of Applicant		Print name		
Name of Organization		Address		
Business Telephone Number		St. Louis, Mo. – (Zip Code)	St. Louis, Mo. – (Zip Code)	
Cellular Number		E-mail		
(Applicant is not to write in this space)				
APPROVED Col. Lisa Taylor, Director of Security		APPROVED Prin	APPROVED Principal of School	
DATE		APPROVED		
Number of Security Officers Required (<i>To be paid separately</i>)		Roger CayCe	, Deputy Superintendent of	
		DATE		