



FACILITY USE REQUEST FORM - COMMUNITY INDOOR FACILITY USE

Fill out the following information and submit request to the Customer Support Center. Submission of request does not guarantee approval; reservation will not be confirmed until the Facility Use Permit and [Acknowledgement of Receipt](#) is received. Please allow 10 business days for processing. See [district policy KF – Use of District Facilities](#), [Facility Use Guidelines \(Community\)](#), [Building Rental Fees](#), and [Personnel Fees](#) for additional details.

Date: _____

Requester Name: _____ Email Address: _____

Organization Name: _____

Daytime Phone: _____ Evening Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Event Description: _____

Age Group: Pre-K-12th Grade Adult Number Attending: _____

Liability Insurance: Yes No

Note: All user groups must submit a certificate of insurance with this application. Additional information regarding insurance requirements and options for obtaining insurance can be found at <http://www.psdschools.org/departments/building-rental>.

Equipment and Service Needs:

Chairs _____
Quantity

Other _____
Please specify

Tables _____
Quantity

First Choice of Location

Location: _____ Space(s) Requested: _____

Start Time: _____ End Time: _____

Date (if one day only) _____

Complete the following if request is for multiple dates: Other: _____

Start Date: _____ End Date: _____

To Be Held: Weekly Bi-Weekly Monthly Other (List): _____

Day(s) Held: Sunday Monday Tuesday Wednesday Thursday Friday Saturday



Second Choice of Location

Location: _____ **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____

Date (if one day only) _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held: Weekly Bi-Weekly Monthly Other (List): _____

Day(s) Held: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Third Choice of Location (if applicable)

Location: _____ **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____

Date (if one day only) _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held: Weekly Bi-Weekly Monthly Other (List): _____

Day(s) Held: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Setup Instructions or Additional Information: