Stanley County School District #57-1

112 S. 1st Street, Fort Pierre, SD 57532

Request For Use of School Facilities

| Submission Date: | Requested Date of Use: |
|---|---|
| Name and Type of Event: | |
| A Certificate of Liability Insurance is | Required. Name of Insurance: |
| Gyms/Rooms Requested: | |
| MS/HS Gym | Time: From:To: |
| Elementary Gym | Admission/Collection: YesNo |
| Parkview Gym | Estimated Attendance: |
| Commons Area | Custodian Needed: Yes No |
| Classrooms How Many | |
| Equipment Request/Set Up: (Be Speci | <mark>fic)</mark> : |
| ******** | **************** |
| of school facilities. School rules concerning | mption of responsibility by the user for proper and adequate supervision and card smoking, drinking and tobacco premises as well as the Bloodborne Pathogen agrees to be responsible for any damages not considered to be a part of "normal |
| ĕ | t's facilities are required to agree holding the District, its agents, employees, and abilities, cost or expense arising from the use of the facility, and to indemnify the tives from any such liability cost or expense. |
| An official representative of the above organiz | zation must sign the application. |
| Signature of Representative: | Date: |
| Telephone number | Email Address: |
| ****** | ************* |
| Approved By: | |
| Business Manager | Date: |
| Activities Director | Date: |
| M: A D: A | Date: |
| | ************* |
| Fees: Rental of Facility \$ | How many facility Access Cards are needed |
| The following will receive copies: | |
| Person who requested facility | |
| _AD | |
| Building Principals | |
| Technology Director | |
| Maintenance Director | |