

ACTIVITY/EVENT INFORMATION

Meeting Tournament/Meet Game
Practice Fundraiser
Fundraiser Camp or Clinic

Other: _____

LOCATION/SITE REQUESTED

ROOMS REQUESTED

DATE & TIME NEEDED

NOTE: FACILITIES ARE NOT FOR AVAILABLE ON NON-SCHOOL DAYS—i.e. HOLIDAYS)

DAY	MONTH	DATE	TIMES

ORGANIZATION / CONTACT INFORMATION

Name of Individual or Organization

Organization Representative (Contact)

Address

(____)____
Phone

Email Address

Meadow Heights R-II

Application For Use of Facility

ORGANIZATION/GROUP STATUS

A Federal Tax ID# is required in order to receive the nonprofit rate. If you do not have a tax id #, you will be considered a private interest group.

For Profit - Local Civic Group

Not For Profit - You must provide a 501c3

Tax ID #: _____

User hereby agrees to all of the charges, usage rules, and terms and conditions noted in the Meadow Heights Public Schools Use of Facilities document (Pages 1-5). The undersigned warrants that he/she is an authorized representative of the Organization with authority to execute this agreement and bind the organization hereto:

Name: _____

Signature

Date

PLEASE COMPLETE THE FACILITY USE APPLICATION AND RETURN TO:

Donna Bristow
Meadow Heights R-II
Route 5 Box 2365
Patton, MO 63662

PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF LIABILITY

Is facility setup or equipment required?

**Scoreboard Basketball Goals
Volleyball Nets**

PA/MIC SCREEN PROJECTOR

CHAIRS #

TABLES # Setup

Other:

Will concessions be sold? Y N

Is the event open to the public? Y N

Is this activity sponsored by the school district? Y N

Is this a fundraising activity? Y N

Do funds raised go into a school district account? Y

District Use: Approved Declined

Group 1 2 3 4

Signature: _____ Date: _____

