

**MOUNT PLEASANT SCHOOL DISTRICT
APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES**

Name of Organization: _____
 Name of Applicant: _____
 Address of Applicant: _____
 Phone Number: _____ Email: _____
 Facilities Requested: _____

Date/Day of Use	Time	Person in Charge	Description of Activity	# of Attendees

Rules & Regulations

Applicant hereby agrees to hold harmless to Mount Pleasant School District, it's Board of Education, District Officers, Agents and Employees from any liability, or claim of liability which might arise out of the use of occupancy of said premises by the undersigned.

Certificate of Liability Insurance Coverage must be submitted with the application, required minimum \$1,000,000 coverage naming Mount Pleasant School District as additional insured.

Mount Pleasant School District is a Non Smoking Environment and Drug Free Workplace. Use of alcohol, drugs, and tobacco are strictly prohibited on all premises.

Applications are due at least two weeks prior to the event, no exceptions.

It is understood that in the event a conflict of dates occurs, a school sponsored activity will be given preference.

It is agreed that if the event is cancelled by the applicant, no refund will be made.

I, the undersigned, hereby certify I will be personally responsible for any activity that results in the destruction of school property, that I may be charged an amount necessary to repay the damages and further use of the facilities may be denied

I, hereby certify that I have read the rules, regulations on this application and that I will abide by them and will conform to all applicable provisions of the constitution and laws of California and to all other rules and regulations of the Mount Pleasant School District Board of Education

I, hereby certify that I have received, read and agreed to the fee & payment term and conditions on the attachment.

Applicant Signature _____ **Date:** _____

For Business Office use only

Attachment: Proof of Insurance _____ Payment _____ Proof of Non-Profit Status _____

Processor Signature _____ **Date:** _____

X _____
Site Administrator Approval **Date**

X _____
District Approval **Date**

**MOUNT PLEASANT SCHOOL DISTRICT
FEE & PAYMENT FOR USE OF SCHOOL FACILITES**

No Cash. Check or Money Orders only.

Please make check payable to: Mount Pleasant School District.

In order to be qualified for discount rate, Non-Profit Form 501 (C) (3), or proof of non-profit status document must be submitted with the application.

<u>Use of Facility Fees</u>	<u>Non-Profit</u>	<u>Others</u>
August Boeger Gym	\$60 / hour	\$120 / hour
Other	\$40 / hour	\$80 / hour

No event should be scheduled earlier than 7:30 a.m. and/or later than 9:00 p.m.

Custodial Services

One hour of custodial service will be charged if event is scheduled on a regular day.

Facility use for events on a non-regular day - including but not limited to Saturday, Sunday, Holiday and school closure days, total hours of the event plus one hour of opening/closing will be charged, minimum 3 hours.

<u>For Business Office use only</u>			
Number of Hours: _____	x	Rate: \$ _____	= Total Fee \$ _____
Custodial Hours: _____	x	Rate: \$ _____	= Custodial Charge \$ _____
Total Payment: \$ _____			
Check # _____		Receipt # _____	
Received by: <u>X</u> _____		Date: _____	

<u>For HR Office use only</u>	
Custodian Name:	_____
Scheduled Time:	_____
HR Approval	<u>X</u> _____