PARKWAY SCHOOL DISTRICT APPLICATION FOR USE OF SCHOOL PREMISES

		SCHOOL:	
ORGANIZATION:	 -	DATE OF APPLICATION:	
SCHOOL FACILITY / ROOM NEEDED:		EXPECTED ATTENDANCE:	
ACTIVITY WILL BEGIN AT: ACTIVITY WILL F	END AT:		
PERSON RESPONSIBLE:ACTIVITY:		PHONE(W/C)	
SPECIFIC DATES NEEDED:			
PHYSICAL EDUCATION EQUIPMENT - Y N AUDIO VISUAL EQUIPMENT - Y N KITCHEN FACILITY - Y N OTHER			
These Facilities are available at the discretion of charge for Staff and /or Equipment.	of the Buildin	ng Administrator and require a	n additional
This application is made with full understanding of the General Regu Principal's office. The user agrees to defend, indemnify and save P claim, demand, loss, damage, liability and expense relating to any ac caused by or resulting from any occurrence on the school premises in negligence or willful misconduct of agents and employees of the Pa District buildings contain some amount of asbestos-containing materia please contact the Parkway Environmental Services Manager at miscellaneous charges or damages that may be assessed for the period ln addition, adult-based and for-profit groups will be required to inclu of District facilities in substantially the following form:	arkway School Drawal or alleged injunction with arkway School Disals. Management programmer and the premises are under a disclaimer or	nstrict, its officers, agents and employees har jury to any person or actual alleged loss or dathis Use of School Premises, except those callistrict. All users of Parkway property are her plans are available in each school office. For the applicant personally guarantees the pused. On any information or promotional materials re-	mless from every image to property used by the gross reby notified that nore information, payment of fees, elated to their use
Notice: The (group name) is independent of and not affiliated with name opinions expressed by (group name) therefore do not necessarily re-	epresent those of th	the Parkway School District or Board of Educa	ition.
In order to use a District facility, a group must I million in aggregate. Proof of insurance must be usage. If insurance is not provided, the event will insurance provider and encourages groups to find Please initial here that you have read and understand	provided to be cancelled. a provider tl	o the building 48 hours prior to L. The District makes no endorses hat works best for their needs	the date of ment of any
Please be aware that there could be a char Lisa Johnson, Facility Usage Specialist at 3	rge affiliate 14-415-811	ed with using the schools. 1 1 for more information.	Please call
I HAVE READ AND AGREE TO ABIDE BY SCH			USAGE
PLEASE PRINT APPLICANT NAME:			
ADDRESS: CITY: STATE: ZIP:	PHONE E-MAIL		
APPLICANT'S SIGNATURE:			
PRINCIPAL'S SIGNATURE:			