

Date: _____

Organization Making Request: _____

Address of Organization: _____ Telephone Number: _____

Building Desired: _____ Room Desired: _____

Purpose of Facility Use: _____

Date(s) Requested: _____ Hours Facility To Be Used: _____

Equipment Requested (Indicate Quantity): Tables _____ Chairs _____

Will admission be charged or a donation requested? Yes No

Anticipated Attendance: _____ Participants: Adults Youth (Ages) _____

I accept responsibility for providing a certificate of insurance, building usage fee, supervision, any damages and compliance with the Rules and Regulations:

Name (Please Print): _____

Signature: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

Responsible Person at Event (Please Print): _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

Return completed form to: Ritenour School District, 2420 Woodson Road, St. Louis, MO 63114, Attn: Facilities.