

Parkrose School District 3

KGAB-AR-2

Adopted: April/2003

COMPLIMENTARY PHSCC FACILITY USE REQUEST (Use this form for one time or limited request)

Organization Making Application _____

Date of Application _____

Person Responsible _____ Telephone # _____

Purpose of Use/Type of Program _____

Purpose and Goal of Organization _____

You must meet the criteria and attach the information listed below. The Facilities Coordinator will notify you of your disposition.. You will also receive a copy of this form for your records. Upon approval, you must fill out a Facility Use Application before facility use can take place.

CRITERIA

- Not to exceed 50 people
- Your group must directly serve the Parkrose community
- No food will be served
- Use of classroom only
- No admission, entry, or other fee will be charged to participants or spectators
- Attach a copy of your constitution (If Applicable)
- Attach a current list of members with addresses, (If Applicable)

Recommendation: PHSCC Facility Coordinator recommendations or comments: _____

ACTION:

Request Approved _____ Disapproved _____
PHSCC Building Principal/Designee PHSCC Building Principal/Designee

This request is granted _____
Date Range (Determined by PHSCC Principal)

PHSCC Building Principal Signature Date _____

Additional Conditions or Terms: (If Applicable) _____
