Parkrose School District 3

KGAB-AR-2

Adopted: April/2003 Revised: Sept. 2, 2009

FREE/REDUCED 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 for 'free' (see CRIT information. The Facilities Coordinator will nalso receive a copy of this form for your record Facility Use Application before facility use can | notify you of your disposition You will is. Upon approval, you must fill out a |
| Not to exceed 50 people per classroom Your group must directly serve the Parkrose community No admission, entry, or other fee will be charged to participants or spectators Recommendation: PSD staff recommendation | Attach a copy of your constitution (If Applicable) Attach a current list of members with addresses, (If Applicable) ns or comments: |
| ACTION: | |
| Request Approved Dis PHSCC Building Principal/Designee | sapproved PHSCC Building Principal/Designee |
| This request is granted | (Determined by PHSCC Principal) |
| | Date |

| Additional Conditions or Terms: (If Applicable) | | |
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