



2023-2024 FACILITY REQUEST FORM

****COMPLETED FORM MUST BE RETURNED TO THE BUILDING/FACILITY/SCHOOL WHERE YOU ARE REQUESTING USAGE.**

**THE FOLLOWING ITEMS ARE REQUIRED UPON SUBMISSION:
INSURANCE VERIFICATION | DEPOSIT CHECK | DISTRICT RECOGNIZED GROUPS**

GROUP/SPONSOR: _____
NAME

REQUESTING INFORMATION: _____
DATE DAY OF THE WEEK START TIME END TIME (NO BUILDING USAGE AFTER 9:00 PM)

LOCATION: _____
LOCATION/BUILDING ROOM(S) AREA(S) GROUNDS

DESCRIPTION: _____
BRIEF DESCRIPTION OF THE REQUESTED FACILITY USE

PRIMARY CONTACT: _____
NAME ADDRESS PHONE NUMBER EMAIL ADDRESS

CONTACT CONTINUED

SECONDARY CONTACT: _____
NAME ADDRESS PHONE NUMBER EMAIL ADDRESS

CONTACT CONTINUED

WILL THE GROUP NEED ACCESS TO THE BUILDING PRIOR TO SET UP BEFORE THE SCHEDULED EVENT? YES NO
**Additional time and fee(s) may be applied Time _____*

ADMISSIONS STANDARDS FOR THE EVENT? TICKETS REQUIRED INVITATION OPEN TO THE PUBLIC

WILL THE EVENT REQUIRE ANY SPECIAL ACCOMMODATIONS? YES NO

IF YES: _____

WILL FOOD BE SERVED? YES NO
**Permit may be requested IAW St. Louis County Department of Health and a separate charge may apply, contact the Business Office for details.*

IF YES: _____

CUSTODIAL SERVICE FOR AFTER EVENT YES NO

IF YES: _____

DELIVERY/ PICK UP FOR OUTSIDE EQUIPMENT YES NO

IF YES: _____

AUDIO VISUAL EQUIPMENT AND/OR OTHER TECHNOLOGY YES NO
**Additional time and fee(s) may be applied*

IF YES: _____

GENERAL CONDITIONS FOR FACILITY USE

User agrees that the property and facilities of the Mehlville R-9 School District (Facility herein shall be defined as the portion of the property wherein the event is being held as well as any other parts of the campus being utilized by the group including, but not limited to, parking lots, fields, sidewalks, hallways and restrooms) shall be used only for purposes that conform to, and in a manner consistent with, federal, state and local law and the policies and procedures of the Mehlville R-9 school District and only for the purposes as described herein.

1. User agrees to abide by all fire, safety, traffic and parking, and public safety requirements of the Mehlville R-9 School District.
2. Smoking is not permitted on any Mehlville R-9 School District facility.
3. The sale, consumption, possession or those under the influence of alcoholic beverages or illegal substances shall not be permitted on the premises at anytime. Nor shall any person who is in a drunken or intoxicated condition, or who is under the influence of liquor, be permitted on the premises. The primary contact person above will be held responsible for the enforcement of this rule.
4. The use of profane language or gambling in any form is not permitted in any facility.
5. No use of equipment shall be granted unless, approved by the Mehlville R-9 School District.
6. User agrees to be responsible for any damages to any facilities and/or property or injury to other persons caused by persons using the facility under this Agreement.
7. User agrees to indemnify, defend and hold harmless the Mehlville R-9 School District its board, administrators, employees, agents and volunteers from any and all claims, suits, actions and liability arising or alleged to arise out of injuries or damages sustained by any person as a result of the use of the facility under this Agreement, notwithstanding the negligence of the institution, its board, administrators, employees, agents and volunteers.
8. User agrees to provide proof of comprehensive general liability insurance of not less than \$2,000,000 per occurrence, which names the Mehlville R-9 School District as an additional insured. The Mehlville R-9 School District reserves the right to cancel this Agreement if such proof of insurance is not provided at least two weeks prior to the scheduled use and maintained throughout the use. In the event acceptable proof of insurance cannot be provided by the user, the Mehlville R-9 School District can arrange for the procurement of Special Event insurance. Questions can be directed to the Mehlville R-9 School District or our insurance provider, M.U.S.I.C., at (800) 877-8218.
9. Failure to abide by the terms of this Agreement may result in the immediate termination of the Agreement by the Mehlville R-9 School District.
10. This Agreement may be modified by the Mehlville R-9 School District as needed.
11. **Deposit fees will need to be paid at the time reservations are requested. Payment is to be made by check payable to "Mehlville R-9 School District".**
12. Non-School day cancellations are accepted up to 48 hours prior to the facility use. Cancellations of less than 48 hours may result in penalties.
13. It is at the discretion of the District to determine if Security is needed for an event.
14. For weekend use, after 30 minutes from the arranged start time and there is no arrival from your group, we consider this a no show and our custodial staff will leave. Your group is responsible for payment of the full 4 hours of custodial time, unless the Central Office Facilities Coordinator (314-467-5200) is contacted and approves a late arrival.
15. In the event school is closed due to inclement weather, all facility use for that evening is canceled.
16. The Mehlville R-9 School District reserves the right to cancel this reservation if, in its sole discretion, it has reason to believe that the facility use will conflict with the General Conditions above. The Mehlville R-9 School District also reserves the right to change/cancel reservations as needed.
17. In the event that Mehlville School District must take action to collect any past due amount(s) related to this application and the use of Mehlville's facilities, the applicant agrees to pay all costs and fees related to such collection. This includes, but is not limited to, reasonable collection and/or attorneys' fees, court costs and other related costs and fees. Any such amounts shall be added to the balance owed after Mehlville begins to collect past due amount(s).
18. Users of facilities will abide by the General Conditions.
19. **Facility Usage Fees:** See District Guidelines or contact the Business Office

DEPOSIT AMOUNT ENCLOSED: \$ _____

Primary Contact Signature

Date: