

Single Use  
Multiple Use

# Puyallup School District No. 3 Application and Agreement for Grass Fields

The Puyallup Board of Directors subscribes to the belief that public schools are owned and operated by and for its patrons. The public is encouraged to use school facilities but shall be expected to make payment to the District for such use to ensure that funds intended for education are not used for other purposes. Community use of facilities is subject to the terms and conditions on this form, as well as, District Policy #4260, Regulation #4260R and the current schedule of user fees. **A copy of this form must be in the possession of the user at the time of the event.**

School/Field Requested: \_\_\_\_\_

Playfield (List field) \_\_\_\_\_  Covered Playshed/Play Area

PLEASE COMPLETE THE REQUIRED INFORMATION BELOW. APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL FIELDS BEING COMPLETED

Organization: \_\_\_\_\_  
Person Responsible: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

District Use Only

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Time and Dates:**

Dates Required From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Not Available: \_\_\_\_\_

Rental Start Time: \_\_\_\_\_ PM End Time: \_\_\_\_\_ PM Total Days Used: \_\_\_\_\_ Hours (per each use): \_\_\_\_\_

Grand Total of Hours: \_\_\_\_\_ Day(s) of Week: Mon  Tue  Wed  Thu  Fri  Sat  Sun

**Purpose:**

Purpose of the facility use? \_\_\_\_\_ Attendance per Hour: \_\_\_\_\_ Time of Event: \_\_\_\_\_ PM

Admission: No \$ \_\_\_\_\_ Equipment/Setup Needs: \_\_\_\_\_

If special needs are required (such as handicapped access), call Facilities at 253-841-8758

Signature (Person Responsible): X \_\_\_\_\_  
By signing, the User indicates he/she has read, understands, and agrees to the terms and conditions outlined in School Board Regulation #4260R (most current version posted on the web) and those on this form.

Completed applications are accepted via email at: [marthml@puyallup.k12.wa.us](mailto:marthml@puyallup.k12.wa.us)

Section to be completed by District: Fees shall be paid two weeks in advance as outlined in School Board Regulation #4260R.

Bill Monthly \_\_\_\_\_ Location Code: \_\_\_\_\_ Budget Code: \_\_\_\_\_

**Approval:**

\_\_\_ Youth \_\_\_ Adult \_\_\_ ASB-Sponsored

**Required Items Checklist:**

- 1. \_\_\_ Certificate of Liability-Received
- 2. \_\_\_ Statement of Compliance (Concussions)-Received
- 3. \_\_\_ Payment Received

**Superintendent or Designee**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



PUYALLUP  
SCHOOL DISTRICT  
*A Tradition of Excellence*