MESA UNIFIED SCHOOL DISTRICT #4

EMAIL PERMIT FOR CITY SPONSORED USE OF MPS FACILITIES

PLEASE NOTE: Submission of this form constitutes a signature on the part of the sender and indicates the sender has read and agrees to comply with, all Mesa Public Schools' terms and conditions for use of school facilities.

This application does **not** have final approval until approved first by the school and by Mesa Public Schools' facility rental agent. The final approved application will be sent by the rental agent to the City-Sponsored user.

School/Department To Be Used: **Salk Elementary** **Application Date**: **3/26/08**

FACILITIES REQUESTED: (Please be specific, mark selection with an X) ☒ Fall ☐ Spring ☐ Summer

☒ 1. Playing Field/Soccer Field: Field # **1,2**

☐ 2. Elementary Multi-purpose Room

☐ 3. JV Fld: Field # _____ ☐SB ☐BB ☐FB

☐ *4. Jr High or Sr High Auditorium

☐ 5. V Fld: Field # _____ ☐SB ☐BB ☐FB

☐ 6. Cafeteria – **without** kitchen

☐ 7. Gymnasium ☐ Large ☐ Small ☐ Both

☐ *8. Cafeteria – **with** kitchen

☐ 9. Other; room(s) _____

_____

***When a junior high or high school auditorium or cafeteria with kitchen is leased, a labor force must be assigned**.

DATE(S) NEEDED: (Please Specify) List exact hours requested on each date.

Mon	☒	**Beg.Date:**	**8/25/08**	**End Date:**	**12/5/08**	**Start Time:**	**4:00**	**To**	**Dark**	am ☐ pm ☒
Tues	☒	**Beg.Date:**	**8/25/08**	**End Date:**	**12/5/08**	**Start Time:**	**4:00**	**To**	**Dark**	am ☐ pm ☒
Wed	☒	**Beg Date:**	**8/25/08**	**End Date:**	**12/5/08**	**Start Time:**	**4:00**	**To**	**Dark**	am ☐ pm ☒
Thurs	☒	**Beg Date:**	**8/25/08**	**End Date:**	**12/5/08**	**Start Time:**	**4:00**	**To**	**Dark**	am ☐ pm ☒
Fri	☐	**Beg Date:**		**End Date:**		**Start Time:**		**To**		am ☐ pm ☐
Sat	☐	**Beg Date:**		**End Date:**		**Start Time:**		**To**		am ☐ pm ☐
Sun	☐	**Beg Date:**		**End Date:**		**Start Time:**		**To**		am ☐ pm ☐

DESCRIPTION OF ACTIVITY: **Soccer Practice**

NAME OF ORGANIZATION: **AYSO 1079**

Address: **2926 East Minton** (STREET) **Mesa** (CITY) **85213** (ZIP CODE) **Telephone**: **480-924-4657**

Person in charge: **Jon Papsdorf** **Email Address**: **jpapsdorf@cox.net**

Jon Papsdorf **/3/26/08**

Activity Representative Signature **Date**

Melanie Dykstra **480-644-5783 (4/9)**

City Authorization **Phone #**

No event can take place unless a Certificate of Insurance signed by an Insurance Representative accompanies this form. The district requires liability coverage in the amount of $500,000 and $10,000 property damage with THE MESA UNIFIED SCHOOL DISTRICT #4 listed as an *ADDITIONAL INSURED* on the policy.

SCHOOL USE ONLY

NOT APPROVED:

Estimated Labor (Check Yes or No) BEFORE APPROVING

	No	Yes	# of people	Estimate Hrs
Stage Manager	☐	☐		
Stage Crew	☐	☐		
Custodial Worker	☐	☐		
Cafeteria Worker	☐	☐		

APPROVED: **Per: Pam** (PRINCIPAL) **/ 5/15/08** (DATE)

FINANCIAL SERVICES APPROVAL: **Renee Bacarella** DATE : **5/15/08**