

Permit No. _____
Date of Event: _____

**Gateway School District
Request to Use Facilities
Complete Form and Return to
Public Relations Dept. , c/o Gateway Administrative Office, 9000 Gateway Campus Boulevard,
Monroeville, PA 15146
Phone: 412-457-1151 Fax: 412-373-5889**

RESERVATION AGREEMENT APPLICATION *(Please read the following)*

When completing this application, please answer all of the questions fully. Please complete the reservation agreement and submit by mail to the address listed at the top of this application or fax to the number listed. **Requests must be made (2) two weeks in advance before facility is to be rented.** Review of applications may take up to 48 hours and approval time may be as long as seven (7) working days. Person requesting the use of the facilities, who signs the agreement, **MUST** be present for the group to gain entrance to the facility the day of the event and **MUST** have the approved copy of the facility use permit with them on the day of the event. This person must also remain with the group until the said activity or event is concluded. Upon approval of the application a confirmation form will be mailed to the contact person. **Any changes to this request must be submitted to the Facility Manager in writing.** Upon notification please submit a separate check for deposit (if required) and separate check for applicable fees noted on the agreement. Please make check(s) payable to the "Gateway School District". Payment must be received prior to the scheduled meeting. The deposit is refundable after the facility rental has been completed and there are no other fees or charges assessed due to damage to the facility or other fees as indicated on the Rental Fee Rate sheet. If the user wishes to cancel the reservation, please notify the Facilities Office at least 48 hours before the scheduled event and/or as far in advance as possible. **We cannot issue a refund for cancellations made the day of the scheduled event and/or if the user does not show up.** The Hold Harmless and Certificate of Liability Insurance Agreements must be signed, dated, and returned to the Facility Manager immediately upon approval of the application, and prior to any public publishing or announcement of said event.

Information:

Please complete the following information:

Request Type: *(check one):* Gateway Staff Member Athletic Non-District Group/Organization

Name of Organization: _____

Event Name *(if applicable):* _____

Contact Person: _____

Billing Address:

Daytime Telephone: _____

City, State and Zip code: _____

Work Phone: _____

Fax: _____

Cell: _____

Email: _____

Building *(for staff requests only):* _____ **Staff Member Making Request:** _____

Rental Areas Requested (see Rental Rates for applicable fees):

Activity is restricted to the following areas requested (includes lobby, restrooms, etc.)

Gymnasium (check all that apply):

- Gateway High School
- Gateway Middle School
- Moss Side Middle School
- Ramsey Elementary
- Pitcairn Elementary
- Wrestling Room (High School)

Swimming Pool (Henry J. Furrie Sports Complex)

Athletic Fields (check all that apply)

- Antimarino Stadium
- High School Softball
- High School Softball (library field)
- High School Baseball
- High School Soccer (practice field)
- Moss Side Middle School Baseball
- Moss Side Middle School T-Ball
- Gateway Middle School Stadium
- Gateway Middle Baseball
- Evergreen Elementary
- High School Track
- Gateway Middle School Track

Auditoriums: (check all that apply)

- Gateway High School
- Gateway Middle School
- Pitcairn Elementary

Regular Classrooms (select preferred school – based upon availability)

- Gateway High School
- Gateway Middle School
- Moss Side Middle School
- Pitcairn Elementary
- Evergreen Elementary
- Steward Elementary
- Ramsey Elementary
- University Park Elementary

All Purpose Rooms (select preferred school – based upon availability)

- Pitcairn Elementary
- Evergreen Elementary
- Steward Elementary
- Ramsey Elementary
- University Park Elementary

Cafeteria: (check all that apply)

- Gateway High School
- Gateway Middle School
- Moss Side Middle School

Large Group Instructional Rooms (LGI): (select preferred school – based upon availability)

- Gateway High School
- Gateway Middle School

Antimarino Stadium Press Box Conference Room(s): (based upon availability)

Event Information:

Date (s) of Event/Meeting: (list every date that facility is requested)

If you need additional space to list dates, please attach a separate sheet to this form)

Day/Date	Day/Date	Day/Date	Day/Date

Times: (fill in all blanks)

Enter Facility Time	Activity Begins Time	Activity Ends Time	Exit Building Time

What is the type of activity taking place at this facility (be specific):

Number of Attending Event: _____

Number of Estimated Reserve Parking Spaces Needed: _____

Estimated Number of Public Parking Spaces Needed: _____

Names of outside Vendors/Services being used during this event: (using catering service, etc):

Equipment/Services Requested (check all that apply) (* include number needed):

- | | | |
|--|---|--|
| <input type="checkbox"/> *Tables _____ | <input type="checkbox"/> *Microphone(s) _____ | <input type="checkbox"/> *Security Guard _____ |
| <input type="checkbox"/> *Chairs _____ | <input type="checkbox"/> AV (Sound/Lighting) | <input type="checkbox"/> *Police _____ |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Sound |
| <input type="checkbox"/> *Risers _____ | <input type="checkbox"/> Stadium Lighting | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> LCD Projector (approval required) | | |

- **Note: Special technical or setup request – i.e. specialize lighting requests, podiums, risers, audio, music and computer or DVD – must be sent in writing no less than seven (7) days prior to the event.**

Additional equipment not listed: (no computers/laptops will be provided):

**All equipment will be removed and room will be returned to its original layout after the activity, unless instructed otherwise.
IF EQUIPMENT IS NOT REQUESTED PRIOR TO YOUR EVENT, IT WILL NOT BE PROVIDED.
NO SAME-DAY REQUESTS WILL BE HONORED.**

I have read and initialed each item on the Responsibility Agreement Page and I have read and agree to the Policy as set forth by the Gateway Board of School Directors. I hereby agree to abide by the Gateway School District procedures and rules governing the use of the requested Gateway facility (S), and agree to pay for any associated costs.

x _____

Signature of Individual or Group Officer

Date

Rental Fees: (Please refer to Schedule of Rental Rates)

Check Rate Category that applies to your organization:

- A** (School sponsored/related organization and non-profit community organizations)
- B** (Private Interest groups – Monroeville or Pitcairn residents only)
- C** (Private Interest groups - non-resident)

Rental Fees:	
Custodial Fees:	
Sound/Lighting Technician Fees:	
Gateway Site Manager Fees: (only school-sponsored organizations are exempt from this cost)	
School Life Guard Fees:	
Security Guard Fees:	
Police Fees: (based upon negotiated hourly rate for Monroeville or Pitcairn Police Departments)	
TOTAL:	
Waived Fee:	
DEPOSIT RECEIVED:	
TOTAL DUE:	

Reason for Waived Fee: _____

Custodial Instructions/Unlock & Lock Up Details: (be specific)

Technical Requirements:
<i>(Must be provided to District (7) working days prior to event. Requests day of event will not be honored.)</i>

Room Set Up Instructions/Diagram:
<i>(You may attach an additional page to this form, if needed)</i>

FOR OFFICIAL USE ONLY
Reviewed by: _____ <i>District Facility Site Manager</i>
Approved by: _____ <i>Building Manager/Principal</i>
Approved by: _____ <i>District Facility Director</i>
<input type="checkbox"/> Approved: _____
<input type="checkbox"/> Denied: _____

