Metro East Saint Louis Community Initiative FACILITY USE REQUEST FORM

Please return completed form to the Metro Foundation as far in advance of date requested as possible to confirm your reservation. Your date is not reserved until this form is approved and deposit paid. **Email form to:** metroeslci@gmail.com

Group/Individual:					Date:			
Web address: Contact Person:								
Address:				Phone:				
City:			State:			Zip:		
Email Address:								
Date(s) Requested:			Day: O Mon O Tues O Wed O Thur O Sat First Friday's of each month, availability is limited					
Is this a recurring event? • Yes • No If yes, provide requested dates:								
Time you need the Complex open:	Event Start Time:		ne:		Event End Time:			
Estimated number of people in attendance:								
Facilities needed (Please ✓ check all rooms you would like to use):								
Auditorium (100 – 120) (chairs only)								
Lounge (60 – 70 capacity)								
Classroom(s) How many?								
Table(s) How many?			Other					
Equipment needed (Please 🗸 check all that apply):								
Sound System (Speakers)	L	∐Micro	ophones					
Custodial Services is a requirement for all events – see fee schedule under fees								
* Initialing below indicates acceptance of all applicable fees and guidelines.								

Initial of Responsible Party

Date

Fee Schedule

Auditorium	\$200 per hour/ minimum 2hrs required additional hours \$75 per hour
Lounge	\$150 per hour/ minimum 2hrs required additional hours \$75 per hour
Classrooms	\$100 per hour
Kitchen (prep & serving only)	\$100

A \$150 refundable damage and cleanup deposit is due at time of reservation

For Office Use Only:			
Approved by:		Date:	
Amount of Event:	Deposit:	Amount Paid:	
CC: O Custodian O Office	O Building O Media	O Other	