

For Internal Use Only:
 Category: _____
 School sponsored _____
 Comm. Nonprofit _____
 Youth Org. _____
 Comm. Nonprofit _____
 For-profit/Personal _____

UNITED SCHOOL DISTRICT
Armagh, PA 15920

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization _____ Today's Date ___/___/___

Are you a nonprofit organization? ___ Yes ___ No Are you school sponsored? ___ Yes ___ No

Will an admission fee be charged? ___ Yes ___ No If yes, how much? _____ Adults _____ Children

Are you requesting a waiver of facilities fees? ___ Yes ___ No If yes, attach a letter of justification addressed to the Board of Education.

Specific Purpose of Use: _____

School Building(s) Requested: _____

DATE		HOURS		DESCRIPTION (meeting, practice, game, rehearsal)
From	To	From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FACILITY REQUESTED:
 ___ Gymnasium (w/D R) ___ Gymnasium (wo/D R) ___ Classroom # ___ ___ Auditorium
 ___ Cafeteria ___ Kitchen/Preparation ___ Kitchen/Serving ___ Library
 ___ Computer Lab ___ Concession Stand ___ Elem. LGI
 ___ Football Stadium ___ Elementary Pavilion ___ Other (specify) _____
 ___ Other Athletic Field (specify) _____

EQUIPMENT REQUESTED: (*must be operated/attended by school personnel – see fee schedule)
 ___ Kitchen Equipment * ___ Sound System * ___ Stage Lighting * ___ Mic (wireless/floor)
 ___ TV/VCR/DVD ___ Overhead Projector ___ Projector ___ White Board
 ___ Scoreboard Other (specify) _____
 ___ Computers
 ___ 1 – 5
 ___ 6 – 10
 ___ 11 – 25

THE DISTRICT RESERVES THE RIGHT TO ASSIGN ADDITIONAL SECURITY AND OTHER PERSONNEL AS NEEDED. YOUR ORGANIZATION WILL BE SUBJECT TO FEES FOR THESE SERVICES.

YOUR ORGANIZATION MUST PROVIDE A CERTIFICATE OF LIABILITY INSURANCE WITH MINIMUM COVERAGES OF \$1,000,000 PER OCCURRENCE LISTING THE UNITED DISTRICT AS CO-INSURED.

IF SCHOOL IS CANCELLED – ALL ACTIVITIES ARE CANCELLED.

List at least one (1), but preferably two (2), responsible adult officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to school district regulations by all persons in attendance. (Please print legibly.)

NAME _____ PHONE _____ MOBILE PHONE _____
 E-MAIL ADDRESS _____
 ADDRESS _____

NAME _____ PHONE _____ MOBILE PHONE _____
 E-MAIL ADDRESS _____
 ADDRESS _____

I certify that I have read, understand, and agree to adhere to Policy 707 of United School District concerning Use of School Facilities. Further, my organization forever releases the United School District, their doctors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said school directors and school district from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

PHONE: (day) _____
Renter Signature (Responsible Organization Official) (eve) _____

Billing Address _____

APPLICATION RECEIVED:

Responsible Building Administrator _____ Date ____/____/____

APPROVALS:

Superintendent _____ Date ____/____/____

Director of Finance _____ Date ____/____/____

IF FEE WAIVER IS REQUESTED:

Board Action Taken on (Date) ____/____/____ Permission is _____ Granted _____ Denied

UNITED SCHOOL DISTRICT

Date ____/____/____

By _____
President

Secretary

Notifications to:

- ____ Director of Finance
- ____ Building Principal
- ____ Facilities Coordinator
- ____ Athletic Director
- ____ Cafeteria Manager
- ____ Technology Resource Coordinator
- ____ Auditorium/Stage/Sound/Lighting Coordinator
- ____ Other _____

DATE ____/____/____

For Office Use Only:	
Facility Rental Fee	\$ _____
Personnel	\$ _____
Equipment	\$ _____
Other Direct Costs	\$ _____
TOTAL FEE	\$ _____
Date Billed:	_____

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