

Email completed form to the Principal of the building you are requesting to use

Chestnut Ridge School District
3281 Valley Road
Fishertown, Pa 15539
REQUEST FOR USE OF FACILITIES

NAME OF ORGANIZATION:

CONTACT PERSON:

ADDRESS:

PHONE:

BUILDING REQUESTED:

PURPOSE OF REQUEST:

*Please attach additional
documents if more space is
required*

DATE(S) REQUESTED:

TIME REQUESTED:

FROM:

AM

TO:

AM

PM

PM

FACILITIES NEEDED: Please check all that apply:

CUSTODIAL SERVICES*

KITCHEN

AUDITORIUM

GYMNASIUM

CAFETERIA

CLASSROOM

ATHLETIC FIELD

PARKING LOT

OTHER: (PLEASE SPECIFY)

*Fees for custodial services may be requested if custodian is not on regular duty assignment. Fees are subject to change and will be finalized at the time of approval.

RENTAL FEES WILL BE ASSESSED ACCORDING TO RATES ESTABLISHED BY USE OF FACILITIES POLICY OF MARCH 1998.

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When schools are closed due to inclement weather (cancellation or early dismissal) all activities or meetings shall be cancelled unless otherwise directed by the Superintendent.

DOES ORGANIZATION HAVE INSURANCE Yes No
COVERAGE? (Copy of insurance certificate may be required.)

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DISTRICT USE:

X

Athletic Director Date

X

Maintenance Supervisor Date

X

Principal Signature Date

X

Superintendent Signature Date

X

School Board Approval Date

Permission is granted with the understanding that the district will not be responsible for any costs or injuries.

High School Use Only

After School Activity:

Security Called (Name):

Date Phoned: [Click here to enter a date.](#)

Number of Chaperones:

1. Name
2. Name
3. Name
4. Name
5. Name