

# WINDBER AREA SCHOOL DISTRICT

## REQUEST FOR USE OF SCHOOL FACILITIES

Form Updated: Feb 2012

All facilities utilization requests must be approved by the Board of Directors in advance. Return this form to the Office of the Superintendent, Windber Area School District, 2301 Graham Avenue, Windber PA 15963. Proper documentation must be on file in the Central Office prior to the facilities being utilized. All utilization subject to availability. District programming retains priority utilization.

<b>ORGANIZATION'S NAME</b>		<input type="checkbox"/> <b>NON PROFIT</b>
		<input type="checkbox"/> <b>FOR PROFIT</b>
<b>PURPOSE FOR USE OF FACILITIES</b>		
<b>CONTACT NAME</b>		
<b>CONTACT ADDRESS</b>		
<b>CONTACT TELEPHONE #:</b>		<b>CONTACT'S EMAIL:</b>
<b>PERSON RESPONSIBLE FOR DAMAGES</b>		

LOCATION REQUESTED	EQUIPMENT REQUESTED	PERSONNEL REQUIRED
<input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Elementary School	<input type="checkbox"/> Tables (number) _____ <input type="checkbox"/> Chairs, (number) _____ <input type="checkbox"/> Sound System <input type="checkbox"/> Projector/Screen <input type="checkbox"/> Risers <input type="checkbox"/> Podium <input type="checkbox"/> Lighting <input type="checkbox"/> Bleachers <input type="checkbox"/> Cafeteria Equipment <small>Utilization of most cafeteria equipment requires a cafeteria employee be present. Check with the Food Services Director for exceptions.</small> <b>Specify:</b>  <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Custodians <input type="checkbox"/> Security <input type="checkbox"/> Stage Crew <input type="checkbox"/> Cafeteria Employees  <b>Hourly Rate Charged for Personnel to cover all associated costs.</b>  Custodians    \$25/hour for each Cafeteria     \$20/hour for each Security       \$22/hour for each Stage Crew    \$10/hour for each
<b>FACILITIES REQUESTED</b> <input type="checkbox"/> Auditorium <input type="checkbox"/> Gymnasium <input type="checkbox"/> Locker Rooms <input type="checkbox"/> Auxiliary Gym <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Classroom(s) _____, _____, _____ <input type="checkbox"/> Band Room <input type="checkbox"/> Chorus Room <input type="checkbox"/> Athletic Field (s): _____ <input type="checkbox"/> Other (specify) _____	<b>ATHLETIC EQUIPMENT NOT PROVIDED</b>	

PLEASE CHECK DISTRICT CALENDAR AT [www.digitalsports.com](http://www.digitalsports.com) FOR AVAILABILITY OF GYMNASIUMS.

DATE	DAY OF WEEK	STARTING TIME	ENDING TIME	# OF ATTENDEES EXPECTED
		Includes Set-Up & Break-Down		

I have received and read the Windber Area Board of Education Policy relating to school buildings and accept responsibility for meeting the requirements stated therein. I also agree that financial restitution will be made to the Windber Area School District for any damage attributed to our organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Insurance (Comprehensive General Liability Insurance) must be presented to the administration in the amount of at least \$1,000,000. The School District must be named as certificate holder. \* Proof of insurance required for all groups/individuals that do not fall under Category 1.

Signature of Administrator/Designee when received: \_\_\_\_\_

# WINDBER AREA SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

**FACILITIES AVAILABILITY ON REQUESTED DATE(S) AS PER INDIVIDUALS BELOW:**

APPROVAL OF BUILDING ADMINISTRATOR: \_\_\_\_\_

APPROVAL BY FACILITIES MANAGER FOR ALL FACILITIES: \_\_\_\_\_

APPROVAL BY ATHLETIC DIRECTOR FOR GYMNASIUM/ATHLETIC FIELDS: \_\_\_\_\_

APPROVAL BY FOOD SERVICE DIRECTOR FOR CAFETERIA USE: \_\_\_\_\_

## FINAL BILLING INFORMATION

DATE OF BOARD APPROVAL: \_\_\_\_\_

- TO BE COMPLETED BY:     FACILITIES MANAGER             ATHLETIC DIRECTOR
- SEND TO ACCOUNTS RECEIVABLE CLERK FOR INVOICING TO ORGANIZATION FOR PAYMENT

CIRCLE ONE	FACILITIES USAGE	SPECIFY LOCATION USED	STANDARD FEE	TOTAL FEE CHARGED
CATEGORY 1			NO CHARGE	NO CHARGE
CATEGORY 2			Fees waived: YES NO If not, explanation of fees charged:	
CATEGORY 3	Small Meeting Area		_____ Hours x \$5.00 per area	
	Gym (practice)		\$5.00 per hour (2 hour maximum)	
	Outside Athletic Facility		\$25.00 per utilization/activity/event _____ number of uses x \$25 x ___ area(s)	
	Outside Athletic Facility		\$50.00 per week per season per area _____ number of weeks x \$50 x ___ area(s)	
	Large Meeting Area Large Activity Area		\$25.00 per hour _____ Hours x \$25	
CATEGORY 4	OTHER		\$50 per hour per area requested _____ hours x \$50 x _____ areas.	
COST FOR ADDITIONAL PERSONNEL/RESOURCES				
ADDITIONAL COSTS FOR TRASH REMOVAL (EXTRA DUMPSTER NEEDED)				
OTHER COSTS				
(AMOUNT OF DEPOSIT: _____ DATE OF DEPOSIT: _____) Minus Deposit Paid				
<b>TOTAL DUE</b>				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_