



# OCTORARA AREA SCHOOL DISTRICT

## APPLICATION FOR USE OF SCHOOL FACILITIES (NON-ATHLETIC)

(Valid for 6 months from date of application.)

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Is requesting group a 503c Non-Profit \_\_\_\_ No \_\_\_\_ Yes (MUST provide copy of paperwork.)

Will an admission and/or participation fee be charged? \_\_\_\_ No \_\_\_\_ Yes If yes, amount? \_\_\_\_\_

Specific purpose of use: \_\_\_\_\_

Desired School Building: \_\_\_\_ OAHS \_\_\_\_ OAJrHS \_\_\_\_ OIS \_\_\_\_ OES \_\_\_\_ PLC

DAY(s) of WEEK	From – DATE(S) – To	From – HOURS – To	Description of USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FACILITY REQUESTED

Multi-purpose room     Auditorium     Classroom(s) (Specify RM#) \_\_\_\_\_  
 Cafeteria     Kitchen/Serving     Kitchen/Preparation  
 Other (Specify) \_\_\_\_\_

### EQUIPMENT REQUIRED

Kitchen Equipment     Sound System     Stage Lighting (REQUIRES school personnel.)  
 Projection Unit     Tables/Chairs     Folding Stands     Other (Specify) \_\_\_\_\_

- THE DISTRICT HAS THE RIGHT TO ASSIGN ADDITIONAL SECURITY AND OTHER PERSONNEL AS NEEDED TO ADDRESS SAFETY CONCERNS AND TO PROTECT DISTRICT PROPERTY AT A COST TO THE REQUESTING ORGANIZATION.
- REQUESTING ORGANIZATION MUST PROVIDE A CERTIFICATE OF INSURANCE LISTING THE OCTORARA AREA SCHOOL DISTRICT AS CO-INSURED. LIABILITY LIMITS MUST BE \$1,000,000 Bodily Injury Liability AND \$500,000 Property Damage Liability.

Requesting organization MUST provide at least one representative who will be present at the time the requested facilities are being used and who will accept responsibility for ensuring district regulations are adhered to by all persons in attendance. **(Please print legibly.)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

I certify that I have read, understand, and agree to adhere to Policy #707 of the Octorara Area School District concerning the Use of School Facilities. Further, my organization forever releases the Octorara Area School District, its school physicians, agents, employees, and servants from all claims, actions, and charges whatsoever arising out of these event(s) conducted on the contracted dates for which this application is approved. 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 said School Directors, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

\_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Printed Name – Responsible Organization Official  
(Evening): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_  
Signature – Responsible Organization Official

Billing Address: \_\_\_\_\_  
Street City State Zip Code

**FORMS FOR NON-ATHLETIC FACILITY USE SHOULD BE SENT TO:**  
**ANGIE GAIDO, 226 HIGHLAND RD, ATGLEN, PA 19310**  
**EMAIL: [AGAIDO@OCTORARA.ORG](mailto:AGAIDO@OCTORARA.ORG) FAX: 610-593-4945**

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**FOR OFFICIAL USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_ **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_  
**CONFIRMED WITH REQUESTOR:** \_\_\_\_\_ **BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Angie Gaido  
**DATE ENTERED INTO BOOKED:** \_\_\_\_\_

**Certificate of Insurance provided:** \_\_\_\_\_ **Group Classification:** \_\_\_\_\_ **School-Sponsored**  
\_\_\_\_\_ **Not-for-profit/Non-fee**  
**Fee to be charged:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Not-for-profit/Fee Assessing**  
\_\_\_\_\_ **Private/for profit**

**Copy to:** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Cafeteria Manager** \_\_\_\_\_ **Librarian** \_\_\_\_\_ **Head Custodian**  
\_\_\_\_\_ **Head of Maintenance** \_\_\_\_\_ **Stage Manager** \_\_\_\_\_ **Other (Specify)** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FACILITIES USE INVOICE**

Facilities/Equipment Used:	_____	Charges: \$ _____
	_____	Charges: \$ _____
	_____	Charges: \$ _____
Personnel Employed:	_____	Charges: \$ _____
(Attached timesheets)	_____	Charges: \$ _____
Other:	_____	Charges: \$ _____