

OCTORARA AREA SCHOOL DISTRICT

APPLICATION FOR USE OF SCHOOL FACILITIES (ATHLETIC)

(Valid for six 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? _____

Are you requesting a waiver of facilities' fees? ___ No ___ Yes If yes, please attach a letter of justification.
If approved, waiver will not exempt fees for required district personnel.

Specific purpose of use: _____

DAY(s) of WEEK	From—DATE(S)—to	From—HOURS—to	DESCRIPTION of USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FACILITY REQUESTED

___ Athletic Field (Specify) _____ ___ Gymnasium (Specify school) _____ ___ Stadium

EQUIPMENT REQUIRED

___ Scoreboard (MUST be operated by trained school personnel)

___ Athletic Equipment (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 _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

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 a a result of said use of these facilities.

 Printed Name—Responsible Organization Official

Phone (Day): _____
 (Evening): _____

 Signature—Responsible Organization Official

Email: _____

Billing Address: _____
 Street City State Zip Code

FOR OFFICIAL USE ONLY:

DATE RECEIVED: _____ **APPROVED** _____ **DENIED** _____

CONFIRMED WITH REQUESTOR: _____ **BY:** _____ **DATE:** _____
 Carrie Dickmann

DATE ENTERED IN SCHOOLDUDE: _____

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 ___Athletic Director ___Head Custodian ___Head of Maintenance
 ___Other (Specify) _____

Approved by: _____ **Date:** _____

FORMS FOR ATHLETIC FACILITY USE SHOULD BE SENT TO: CARRIE DICKMANN, 226 HIGHLAND RD, ATGLEN, PA 19310/EMAIL CDICKMANN@OCTORARA.ORG FAX 610-593-5945

FACILITIES USE INVOICE

Facilities/Equipment Used: _____	Charges: \$ _____
_____	Charges: \$ _____
_____	Charges: \$ _____
Personnel Employed: _____	Charges: \$ _____
(Attach time sheets) _____	Charges: \$ _____
Other: _____	Charges: \$ _____