

OCTORARA AREA SCHOOL DISTRICT

APPLICATION FOR USE OF SCHOOL FACILITIES

(Valid for six months from date of application)

Name of Organization _____ Today's Date ____/____/____.

Non-Profit: ____ Yes ____ No

Will an admission fee be charged? ____ Yes ____ No If yes, amount? _____

Are you requesting a waiver of facilities fees? ____ Yes ____ No

If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: _____

School Building Desired: ____ High School ____ Middle School ____ Intermediate School

____ Elementary School ____ Primary Learning Center

DAY(S) OF WEEK	From—DATE(S)—to	From—HOURS—to	DESCRIPTION (meeting, practice, game, rehearsal)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FACILITY REQUIRED:

____ Multi-Purpose Room ____ Auditorium ____ Cafeteria ____ Gymnasium (HS MS INT PLC ELEM)
____ Stage ____ Stadium ____ Kitchen/Serving ____ Kitchen/Preparation
____ Athletic Fields (Specify) _____
____ Classroom # _____ Other (Specify) _____

EQUIPMENT REQUIRED: (*must be operated/attended by school personnel)

____ Kitchen Equipment ____ Sound System ____ Stage Lighting* ____ Piano
____ Folding Stands ____ Tables/Chairs ____ CD/DVD Player ____ Athletic Equipment
____ Projection Unit ____ Scoreboard*
____ Other (Specify): _____

THE DISTRICT HAS 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 INSURANCE LISTING THE OASD AS CO-INSURED AS FOLLOWS:

\$ 1,000,000 Bodily Injury Liability \$ 500,000 Property Damage Liability

List at least one, but preferably two, responsible 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 _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

I certify that I have read, understand, and agree to adhere to Policy # 707 of Octorara Area School District concerning Use of School Facilities. Further, my organization forever releases the Octorara Area School District, their school physicians, 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, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

SIGNATURE – Responsible Organization Official

PHONE (Day): _____
(Eve): _____
EMAIL: _____

BILLING ADDRESS: _____
Street City State Zip Code

FOR OFFICIAL USE ONLY:

DATE RECEIVED: _____ APPROVED _____ NOT APPROVED _____

CONFIRMED WITH REQUESTOR: _____
CHERYL TODD

ENTERED IN SCHEDULE _____
JAMES BANKERT

Classification of Group: _____ 1 (School Sponsored Groups) _____ 2 (Non-Profit/Non-Fee Groups)
_____ 3 (Non-Profit/Fee Assessing Group) _____ 4 (Private- For Profit Organizations)

Certificate of Insurance Provided: _____

Copy to:
_____Principal _____Athletic Director _____Cafeteria Manager _____Librarian _____Head Custodian
_____Head of Maintenance _____Stage Manager _____Other

DATE _____/_____/_____.

***FORMS FOR FACILITY USE SHOULD BE SENT TO: CHERYL TODD, 228 HIGHLAND RD, ATGLEN, PA 19310/EMAIL-
ctodd@octorara.org/PHONE: 610-593-8238 x3501/FAX# 610-593-6425**

FEE TO BE CHARGED: _____Yes _____No

FACILITIES USE INVOICE	
Facilities/Equipment Used: _____	Charges: \$ _____
_____	Charges: \$ _____
_____	Charges: \$ _____
Personnel Employed: _____	Charges: \$ _____
(Attached time sheets) _____	Charges: \$ _____
_____	Charges: \$ _____
Other (Specify): _____	Charges: \$ _____
_____	Charges: \$ _____