USE OF FACILITIES APPLICATION
POTTSGROVE SCHOOL DISTRICT

Name of Organization_____ Date:_____

Street Address_____

City, State, Zip_____

Building Requested_____

Area(s) Requested_____

Air Conditioning, If Available (Circle One)? Yes No

Group Classification (Circle One)

1 School programs; programs supporting school activities, sponsored by the PTO, Booster Club, or Music League
2 Resident community programs serving school age and/or preschool children
3 Resident community programs serving adults
4 Non-resident community programs serving school age children
5 Others

Number of Participants_____ Percentage of Participants that are Residents **(Must Be Filled In)**_____%

Date(s) Required	Access Time	Beginning Time of Event	Ending Time of Event

Alternate Date(s)_____

Equipment Required _____Overhead Projector _____VCR/TV _____Other (Specify)_____

Complete Description of the Event_____

Will this event generate funds for any purpose? _____Yes _____No If Yes, What is Purpose?_____

List two people who will be responsible, one of which **MUST** be on site for the entire event.

Name_____ Name_____

Address_____ Address_____

City, State, Zip_____ City, State, Zip_____

Phone Number_____(H) _____(W) Phone Number_____(H) _____(W)

I accept the responsibility of reading, enforcing, and apprising all participants of the requirements of the Pottsgrove School District Use of Facilities Policy and the related Rules and Regulations. I understand that the organization will be charged for any damage incurred by this organization.

CERTIFICATE OF INSURANCE MUST BE ATTACHED OR APPLICATION WILL BE RETURNED TO YOU.

Signature of Authorized Representative_____ Date:_____

* *

I certify the information is complete, the facilities are available on the date(s) requested, and I approve this application.

Principal_____ Date:_____

Business Manager_____ Date:_____

SCHOOL DISTRICT USE ONLY

Y or N

_____ Custodial
_____ Security
_____ Equipment Supervisor
_____ Food Service Worker

Other Notes:

UOF #_____