

POTTSGROVE SCHOOL DISTRICT
USE OF FACILITIES APPLICATION

Name of Organization: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Building Requested: _____

Area(s) Requested: _____

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

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 _____

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

Alternate Date(s): _____

Equipment Required: ___ Overhead Projector ___ VCR/TV ___ Other (Specify): _____

Complete Description of the Event: _____

To access the building, specify door location: _____

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 #: _____ (Home, Work or Cell) Phone #: _____ (Home, Work or Cell)

Email Address: _____ Email Address: _____

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 ON FILE AND UP TO DATE FOR APPROVAL.

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 Administrator: _____ Date: _____

SCHOOL DISTRICT USE ONLY		UOF # _____
Y or N	Other Notes:	
_____ Custodial		
_____ Security		
_____ Equipment Supervisor		
_____ Food Service Worker		