

**SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
FACILITIES USE APPLICATION**

Section I. Organization/Group Information

- 1. Name of Requesting Organization (no abbreviations): _____

- 2. Organization Representative/Contact:

Name: _____	Fax: _____
Address: _____	Email: _____
_____	Phone: _____

- 3. Event Supervisor/Coordinator (if different from Organization Contact):

Name: _____	Fax: _____
Address: _____	Email: _____
_____	Phone: _____

Section II. Meeting/Event Information

- 4. Facility Requested:

BUILDING <ul style="list-style-type: none"><input type="checkbox"/> High School<input type="checkbox"/> Middle School<input type="checkbox"/> Elementary Center	<ul style="list-style-type: none"><input type="checkbox"/> Baseball Field<input type="checkbox"/> Elementary Field<input type="checkbox"/> Rotary Field<input type="checkbox"/> Softball Field
FACILITY	
<ul style="list-style-type: none"><input type="checkbox"/> Art Room<input type="checkbox"/> Atrium<input type="checkbox"/> Athletic Field (specify) _____<input type="checkbox"/> Auditorium/Stage (Technical Rider required)<input type="checkbox"/> Band Room<input type="checkbox"/> Cafeteria (no kitchen access)<input type="checkbox"/> Chorus Room<input type="checkbox"/> Classroom(s) _____<input type="checkbox"/> Community Room	<ul style="list-style-type: none"><input type="checkbox"/> Faculty Room<input type="checkbox"/> Gymnasium<input type="checkbox"/> Hale Board Room<input type="checkbox"/> Kitchen<input type="checkbox"/> Large Group Instruction Room<input type="checkbox"/> Lobby<input type="checkbox"/> Pool<input type="checkbox"/> Rotary Field<input type="checkbox"/> Spirit Room<input type="checkbox"/> OTHER (specify) _____

- 5. Date(s): _____

- 6. Start Time: _____ End Time: _____
Performance Time (if applicable): _____

- 7. Group Size/Expected Attendance: _____

- 8. Description of Event (attach additional sheets if necessary): _____

- Refreshments Served: _____

- Admission Fee: _____

- Disposition of Proceeds: _____

Section III. Facility Setup

9. Equipment Requirements:

- Microphone Risers Video Projector
- Overhead Projector Piano Scoreboard
- TV Bleachers Basketball Hoops
- Podium Portable PA System Other (attach Technical Rider)

10. Number of additional chairs and tables, if applicable: _____

11. Are you requesting permission to bring equipment into the facility (Y / N)? _____

Describe: _____

12. Are you requesting permission to use SHASD equipment at an off-site location (Y / N)? _____

Describe: _____

Section IV. Insurance Information

13. Certificate of liability insurance attached (Y / N)? _____ Certificate holder must be named Schuylkill Haven Area School District, 501 East Main Street, Schuylkill Haven, PA 17972, listed as an additional insured and in the amount of one million dollars.

Section V. Acknowledgement and Agreement

By signing below, you acknowledge and agree as follows:

- The individual signing this request has the full power and authority to act on behalf of and to enter into binding agreements for the organization or entity listed above.
- You have read and fully understand this Application, the SHASD REGULATIONS FOR NON-SCHOOL USE OF SCHOOL DISTRICT FACILITIES and agree to bound by and comply with their respective terms.
- You are responsible for paying the SHASD the applicable rental and staffing fee(s). Payment is due within fifteen (15) days of your receipt of invoice. Late payments are subject to a \$25 late fee.
- You agree to and do hereby assume all risks relating in any way to your organization’s use of SHASD’s facilities, including, without limitation, any risks of property damage and/or personal injury to any person, including employees of your organization, who use or whom you permit to use or have access to facilities. You agree to and do hereby completely release and its employees, administrators, and Board of Directors from all liability, known and unknown, relating to your organization’s use of facilities, and you further agree to indemnify and hold SHASD and its employees, administrators and Board of Directors harmless from and against any damage or loss, including without limitation attorney’s fees and costs, which arises out of or relates in any way to your use of facilities.

Print Name: _____

Title: _____

Signature: _____

Date: _____

INTERNAL USE ONLY		
Organizational Classification: _____	Group A	Group B
	Group C	
APPROVAL: _____	DATE: _____	
<i>Superintendent of Schools</i>		