

Print Trip Report

Trip ID 4285

Booked By

Booked By Bakner, Paul
Email Paul-Bakner@esasd.net
Phone 570.588.4420 x.2104
Pager
Cellular

Booking Details

Trip Name Florida Band Tour: To airport
Status Approved
Trip State inactive
Created Date 1/24/2014 10:01:00 AM
Location ES High School-North
Organization Instrumental (N)
Trip Destination Newark International Airport
Trip Type One Way
Trip Package
Trip Departure Date Time 3/5/2014 6:15:00 AM
Driver Departure Time
Participant Drop Off Time
Destination Arrival Date Time 3/5/2014 10:15:00 AM
Driver Start Location
Participant Drop Off Location
Estimated Round Trip Mileage 0

Driver End Location
Participant Pick Up Location

Trip Contact

Name Bakner, Paul
Email Paul-Bakner@esasd.net
Phone 570.588.4420 x.2104
Pager
Cellular

Attendees

Faculty Paul M. Bakner
Supervising Adults Ambrose, Joanne
Number of students 59
Number of adults 19
Totals Attendees 78
Cost per student \$0.00
Cost per adult \$0.00

Categorization

Budget Code
Budget Code Description
Recommended Min Age 0
Educational Objective
Recommended Max Age 0

Notes

Special Needs and/or Traveling to and drop off at Newark International Airport to catch our flight to Orlando.
Trip Requirements
Driving Directions

Required Services

Transportation Type School Bus

2

Print Trip Report

Trip ID 4286

Booked By

Booked By Bakner, Paul
Email Paul-Bakner@esasd.net
Phone 570.588.4420 x.2104

Pager
Cellular

Booking Details

Trip Name Florida Band Tour: From airport
Status Approved
Trip State Inactive
Created Date 1/24/2014 10:05:00 AM

Location ES High School-North
Organization Instrumental (N)
Trip Destination From New ark Airport to High School North
Trip Type One Way
Trip Package

Trip Departure Date Time 3/9/2014 9:00:00 PM
Driver Departure Time
Participant Drop Off Time
Destination Arrival Date Time 3/10/2014 2:00:00 AM

Driver Start Location **Driver End Location**
Participant Drop Off Location **Participant Pick Up Location**
Estimated Round Trip Mileage 0

Trip Contact

Name Bakner, Paul
Email Paul-Bakner@esasd.net
Phone 570.588.4420 x.2104

Pager
Cellular

Attendees

Faculty Paul M. Bakner
Supervising Adults Ambrose, Joanne
Number of students 59
Number of adults 19
Totals Attendees 78

Cost per student \$0.00
Cost per adult \$0.00

Categorization

Budget Code

Budget Code Description

Recommended Min Age 0
Educational Objective

Recommended Max Age 0

Notes

Special Needs and/or Trip Requirements Return from Florida band tour. Pick up at New ark international airport and return travelers to North high school.
Driving Directions

Required Services

Transportation Type School Bus

3

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization State Representative Rosemary H. Brown Today's Date 1/24/14
 Non-Profit? yes no Will an admission fee be charged? yes no Are you requesting a waiver of facilities fees? yes no
 If yes, amount \$ _____ 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: Seminar
 Name of School Requested East Stroudsburg H.S. South

DAY(S)	DESCRIPTION
from — DATE(S) — to	from — HOURS — to
<u>Thurs. 3/20/14 only</u>	<u>6:00pm 9:30pm</u>

Facility Required: All-Purpose Room Auditorium Cafeteria Gymnasium
 Swimming Pool (requires proof of certified lifeguard) Stadium Kitchen/Preparation Kitchen/Serving
 Stage Fields (specify) Other (specify) _____
 Classrooms # _____

Equipment Required: (*must be operated/attended by school personnel)
 Kitchen Equipment* Sound System Record Player/Stereo Equip. Piano
 Stage Lighting* Motion Picture Projector Overhead Projector/Screen Folding Stands
 Scoreboard* Athletic Equipment Other (specify) 2 long tbls for front Tables and/or Chairs

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 ESASD as co-insured as follows:
 \$ _____ Bodily Injury Liability (\$500,000 minimum) \$ _____ Property Damage Liability (each occurrence) (\$500,000 minimum)

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.
 Name St. Rep. Rosemary M. Brown Address P.O. Box 869 Marsh. Creek Phone 720-8301
 Name Brian Fenster maker Address P.O. Box 869 Marsh. Creek Phone 720-8301

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, 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 — Rosemary H. Brown Responsible Organization Official Phone (day) 720-8301
 Billing Address P.O. Box 869 Marshalls Creek, PA (eve.) _____

APPROVALS: Principal _____ Date 1/1/14
~~Business Administrator~~ Sharon D. Lourdua Date 1/1/14
 copy to: stage manager athletic director cafeteria manager head custodian librarian a/v coordinator Other Date _____

For office use only:	FACILITIES USE INVOICE
Facilities/Equipment used: <u>Class 2 - no fees</u>	Charges: \$ _____
	\$ _____
	\$ _____
Personnel Employed: <u>4</u>	Charges: \$ _____
(attach time sheets)	\$ _____
	\$ _____
Other (specify): _____	Charges: \$ _____
	\$ _____

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization State Representative Rosemary H. Brown Today's Date 1/24/14
Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees?
Yes No Yes No Yes No

Specific purpose of use: Family Expo
Name of School Requested East Stroudsburg H.S.

Table with columns: DAY(S) from DATE(S) to, HOURS from to, DESCRIPTION (meeting, practice, game, rehearsal, performance, ...). Entry: Sunday April 6 weekly 10:00am 4:00pm Family Expo

- Facility Required: All-Purpose Room, Auditorium, Cafeteria, Gymnasium, Stadium, Kitchen/Preparation, Kitchen/Serving, Swimming Pool, Stage, Fields, Other.
Equipment Required: Kitchen Equipment, Sound System, Record Player/Stereo Equip., Overhead Projector/Screen, Stage Lighting, Motion Picture Projector, Piano, Folding Stands, Scoreboard, Athletic Equipment, Tables and/or Chairs.

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services.
Bodily Injury Liability (\$500,000 minimum)
Property Damage Liability (\$500,000 minimum)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used...
Name St. Rep. Rosemary H. Brown Address P.O. Box 869 Marshalls Creek Phone 570-420-8301
Name Linda Maglio Address "" Phone ""

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, 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.
Signature: Rosemary H. Brown Phone (day) 570-420-8301 (eve.)
Billing Address: P.O. Box 869 Marshalls Creek, PA 18335

APPROVALS: Principal Date
Business Administrator Cheryl D. Lourdure Date
copy to: stage manager Athletic director Cafeteria manager Head custodian Librarian a/v coordinator Other Date

For office use only: FACILITIES USE INVOICE
Facilities/Equipment used: Class 2 - no facility fees Charges: \$
Personnel Employed: personnel fees will be assessed Charges: \$
Other (specify): Charges: \$