

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization East Stroudsburg Little League Today's Date 11/15/13

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees? [X] yes [] no

Specific purpose of use: Softball games Name of School Requested High School (South)

DAY(S) from DATE(S) to from HOURS to DESCRIPTION Little League Softball games

Facility Required: Auditorium, Cafeteria, Gymnasium, Kitchen/Preparation, Kitchen/Serving, Fields (specify) High school south Softball

Equipment Required: (*must be operated/attended by school personnel) Piano, Folding Stands, 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:

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.

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 - Responsible Organization Official Phone (day) 917-584-9795 (eve.) same Billing Address 32 N. green st. East Sburg PA 18301

APPROVALS: Principal [Signature] 2/19/14 Date 1/1 Business Administrator [Signature] 2/12/14 Date 1/1

For office use only: FACILITIES USE INVOICE Facilities/Equipment used: Class 1 Charges: \$ Personnel Employed: 8 Charges: \$ Other (specify): Charges: \$

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization FC Poccano Today's Date 2 / 19 / 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: Soccer Practice & games
Name of School Requested Resica Elementary

DAY(S) from — DATE(S) — to	from — HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
<u>3/10/14</u> <u>6/30/14</u>	<u>Mon - Fri - 5:30 - Dark</u>	
	<u>Sat - 8:00 - 2:00</u>	

Facility Required:

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> All-Purpose Room	<input type="checkbox"/> Kitchen/Preparation	<input type="checkbox"/> Kitchen/Serving
<input type="checkbox"/> Swimming Pool (requires proof of certified lifeguard)	<input type="checkbox"/> Stage	<input checked="" type="checkbox"/> Fields (specify)
<input type="checkbox"/> Classrooms # _____	<input type="checkbox"/> Other (specify) _____	

Equipment Required: (*must be operated/attended by school personnel)

<input type="checkbox"/> Kitchen Equipment*	<input type="checkbox"/> Sound System	<input type="checkbox"/> Record Player/Stereo Equip.	<input type="checkbox"/> Piano
<input type="checkbox"/> Stage Lighting*	<input type="checkbox"/> Motion Picture Projector	<input type="checkbox"/> Overhead Projector/Screen	<input type="checkbox"/> Folding Stands
<input type="checkbox"/> Scoreboard*	<input type="checkbox"/> Athletic Equipment	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 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) on file

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 Cress Hauss Address 56 Hilltop Circle ^{East} Stroudsburg Phone 908-397-8118
Name _____ 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. 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 [Signature] Responsible Organization Official Phone (day) 908-397-8118 (eve.) _____

Billing Address _____

APPROVALS: Principal [Signature] Date 2 / 20 / 14
 Business Administrator [Signature] 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:	<u>Class 1</u>	Charges:	\$ _____
			\$ _____
			\$ _____
Personnel Employed:	<u>9</u>	Charges:	\$ _____
(attach time sheets)			\$ _____
			\$ _____
Other (specify):		Charges:	\$ _____
			\$ _____