

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization African-American Network Today's Date 5 / 11 / 17

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees?
[X] yes [] no [] yes [X] no [X] yes [] no
If yes, attach a letter of justification addressed to the Board of Education.
If yes, amount \$ This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: Line up in yard

Name of School Requested East Stroudsburg High School South

Table with columns: DAY(S), DATE(S), from, HOURS, to, DESCRIPTION. Row 1: 6/24/2017, 6/24/2017, 9:00-10:00 AM, Line up for "Smit your Culture" Multicultural Parade

Facility Required: Auditorium, Cafeteria, Gymnasium, All-Purpose Room, Stadium, Kitchen/Preparation, Kitchen/Serving, Swimming Pool, Stage, Fields, Other (specify) Parking Lot

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, Tables and/or Chairs, Scoreboard, Athletic Equipment, Other (specify)

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) Pending receipt of insurance

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 Cleo Jarvis Address 556 Main St Stroud PA Phone 9176866684

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 [Signature] Responsible Organization Official Phone (day) 9176866684 (eve.) same

Billing Address 556 Main St. Stroudsburg, PA 18360

APPROVALS: Principal [Signature] Date 5/15/17 Business Administrator Date / / copy to: [] stage manager [] athletic director [] cafeteria manager [] head custodian [] librarian [] a/v coordinator [] other Date / /

For office use only: FACILITIES USE INVOICE. Table with columns: Facilities/Equipment used, Personnel Employed (attach time sheets), Other (specify), Charges: \$