

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization _____ Today's Date ____/____/____

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

Name of School Requested _____

DAY(S) from — DATE(S) — to	HOURS from — HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)

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

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) _____
 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 _____ Address _____ Phone _____
 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 — Responsible Organization Official _____ Phone (day) _____
 (eve.) _____
 Billing Address _____

APPROVALS: Principal _____ Date ____/____/____
 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**

Facilities/Equipment used: _____	Charges: \$ _____
_____	\$ _____
_____	\$ _____
Personnel Employed: _____	Charges: \$ _____
(attach time sheets) _____	\$ _____
_____	\$ _____
Other (specify): _____	Charges: \$ _____
_____	\$ _____