

LITTLESTOWN AREA SCHOOL DISTRICT
LITTLESTOWN, PENNSYLVANIA 17340
APPLICATION FOR USE OF SCHOOL FACILITIES

GENERAL INFORMATION

Name of organization applying for the use of school facilities	
Address of organization	
Name of person in charge of, responsible for, organization making application	
Address of person in charge	
Telephone of Person Responsible	Email of Person Responsible

SCHOOL FACILITIES REQUESTED

Facilities	HS	MA	AC	RA	Field _____
Specific facilities requested for use					
Date(s) facilities are to be used (if a field is requested for a sport season, attach a schedule)					
Facilities requested for use between hours of					
Please indicate A.M. or P.M.					
Will the use of above requested facilities require preliminary preparation by the school that must be accomplished other than during hours noted above?					
Yes No If yes, designate specific time.					

GENERAL INFORMATION ON USE OF FACILITIES REQUESTED

Describe the program and activities that will take place	
Will the program be open to the public?	Yes ____ No ____
Will admission be charged? Yes ____ No ____	
If admission will be charged, please answer the following: Admission Price(s) Adult - \$ _____ Student - \$ _____ Senior Citizen - \$ _____	
State the purpose for which any profits earned, in excess of expenses, will be used	

MISCELLANEOUS INFORMATION

If any special equipment or service is needed for the activity, please list:	
<p>It is understood by the Littlestown Board of Education that the requesting organization named assumes responsibility for any damage to equipment, furnishings, building, or grounds beyond that which can be designated as fair wear and tear. The cleanliness of the field or facility is the responsibility of the requesting organization. In further consideration of the use of the facilities of the Littlestown Area School District, being properly authorized to do so, and intending to be legally bound, _____ expressly stipulates and agrees to <u>indemnify and hold harmless</u> the Littlestown Area School District from any and all claims, demands and actions in law or in equity that may hereafter at any time be made or brought by the members, guests, or invitees of _____ on account of injuries or property damage sustained in consequence of or arising out of the use of the facilities of the Littlestown Area School District. The proper insurance coverage for the organization will be provided.</p>	
School Police Needed: Yes No	_____ Signature of responsible person for the requesting organization
Custodian Needed: Yes No	_____ Date of Application

THIS SECTION FOR USE BY DISTRICT PERSONNEL

Date application received by school district	
Date request cleared by responsible principal	Initials or Signature of Responsible Principal
Check Appropriate 'use category' for which application qualifies	
<input type="checkbox"/> I No Charge <input type="checkbox"/> I Minimum Charge <input type="checkbox"/> II Direct Rental <input type="checkbox"/> III Direct Rental	<input type="checkbox"/> Need Certificate of Insurance <input type="checkbox"/> Certificate of Insurance Expires: _____ <input type="checkbox"/> Needs Board Approval <input type="checkbox"/> Board Approved: _____
School Activities and Sports Schedules will have priority!	
List estimated charges as per information from application	
Application denied. Organization informed - Date	
Application approved. Organization informed - Date	