

**UPPER TOWNSHIP SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES
FOR SCHOOL/PTA/REC USE**

RETURN APPLICATION TO: Sandra Simmerman
Superintendent's Office

* Starred items must be completed. Form will be returned if not completed.
A copy will be returned to you indicating approval and charges, if any. Fees to be determined by the Superintendent and Business Administrator/Board Secretary on a Case-By-Case basis.

PLEASE PRINT OR TYPE

*FACILITIES REQUESTED (specify rooms) _____

*SCHOOL EQUIPMENT NEEDED _____

*DATE(S) DESIRED (From/To, Include Month, Day, and Time) _____

*PURPOSE OF USE AND NATURE OF ACTIVITY (Describe in detail) _____

(Please attach a detailed diagram of set up.)

*SPECIAL REQUESTS _____

*SPONSORING GROUP _____

*PERSON IN CHARGE _____ *TELEPHONE # _____

(Must be a different name than "Person In Charge of Security")

ADDRESS _____

*PERSON IN CHARGE OF SECURITY DURING EVENT _____

(Must be a different name than "Person In Charge")

ADDRESS _____ *TELEPHONE # _____

*ESTIMATED ATTENDANCE _____ *# OF CHAPERONS FOR YOUTH ACTIVITIES _____

*ATTACH A COPY OF CERTIFICATE OF INSURANCE COVERAGE (if we do not have) FOR THIS ACTIVITY (\$500,000 LIABILITY NAMING THE UPPER TOWNSHIP BOARD OF EDUCATION AS AN ADDITIONAL INSURED).

I HEREBY CERTIFY THAT THE FACILITY WILL BE USED IN ACCORDANCE WITH BOARD POLICY (only equipment and specific rooms requested may be used). I FURTHER AGREE TO HOLD HARMLESS THE UPPER TOWNSHIP BOARD OF EDUCATION FOR ANY INJURY OR LOSS ARISING FROM THE USE OF DISTRICT FACILITIES.

*AUTHORIZED REPRESENTATIVE _____ DATE _____

Signature

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FOR DISTRICT USE ONLY

APPROVED _____

Business Administrator/Board Secretary

APPROVED _____

Superintendent