

**RADNOR TOWNSHIP SCHOOL DISTRICT**  
**APPLICATION FOR USE OF SCHOOL DISTRICT FACILITIES**  
**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE**  
**ALL ENTRIES BELOW MUST BE COMPLETED**

Name, Organization or Person \_\_\_\_\_

School District Affiliated? \_\_\_\_\_ Percentage of Radnor Township Residents? \_\_\_\_\_

Non Profit? \_\_\_\_\_ State Tax Exempt # \_\_\_\_\_

For permission to use the following School District Facility \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Date(s) Time entering facility Time leaving facility

- |                        |                       |                          |                                   |
|------------------------|-----------------------|--------------------------|-----------------------------------|
| _____ Auditorium       | _____ Showers         | _____ Parking Lot Areas  | _____ Security                    |
| _____ Multi-Purpose Rm | _____ Ticket Booth(s) | _____ Athletic Field     | _____ Custodial                   |
| _____ Classroom(s) No  | _____ Cafeteria       | _____ PA System          | _____ Tech AV (complete form)     |
| _____ Gymnasium        | _____ Kitchen         | _____ Scoreboard         | _____ Other (please specify)      |
| _____ Locker Room      | _____ Lavatories      | _____ Audio Visual Equip | _____ Advertising (Attach sample) |

The purpose for which said facilities and equipment or grounds will be used is: \_\_\_\_\_  
 \_\_\_\_\_ and for no other purpose.

\_\_\_\_\_ Admission Charge \_\_\_\_\_ Tickets Sold \_\_\_\_\_ Donation \_\_\_\_\_ Estimated Attendance

Information of responsible officer or individual that will be **PRESENT AT ALL TIMES:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The applicant has read the "Use of District Facilities" regulations and will comply with and be bound by the regulations of the School District.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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**\*\* FOR OFFICE USE ONLY \*\***

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

REMARKS \_\_\_\_\_

- FEES:
- Rental \_\_\_\_\_
  - Custodial \_\_\_\_\_
  - Maintenance \_\_\_\_\_
  - Security \_\_\_\_\_
  - Technical \_\_\_\_\_
  - Other / Ins. \_\_\_\_\_

Principal/Designee \_\_\_\_\_  
 Date \_\_\_\_\_

Director of Operations \_\_\_\_\_  
 Date \_\_\_\_\_

# TECHNICAL EQUIPMENT PLANNING FORM

## Special Events/Presentations

Requested by: \_\_\_\_\_

School extension #: \_\_\_\_\_

Email: \_\_\_\_\_

Length of event/presentation: \_\_\_\_\_

Location in the district: \_\_\_\_\_

Brief description of event/presentation: \_\_\_\_\_

### EQUIPMENT REQUESTED:

LCD projector \_\_\_\_\_  
Overhead projector \_\_\_\_\_  
Podium \_\_\_\_\_  
Portable sound system \_\_\_\_\_  
Compact disc player \_\_\_\_\_  
Videoconferencing equip \_\_\_\_\_  
Laptop (iBook or PC) \_\_\_\_\_  
Printer (color or b&w) \_\_\_\_\_  
Internet connection \_\_\_\_\_

Screen \_\_\_\_\_  
Camcorder \_\_\_\_\_  
Tripod \_\_\_\_\_  
VCR / DVD \_\_\_\_\_  
TV monitor \_\_\_\_\_  
Microphone(s) \_\_\_\_\_  
Mic stand(s) \_\_\_\_\_  
Web address \_\_\_\_\_

### PRESENTER WILL BRING:

\_\_\_\_\_ Laptop (iBook or PC, indicate operating system, i.e. OSX, Windows 2000, XP)  
\_\_\_\_\_ Floppy disk with files (indicate the program, i.e. PowerPoint, Word, AppleWorks)  
\_\_\_\_\_ CD with files (indicate the program, example: PowerPoint, Word, AppleWorks) or DVD to be presented

### ATTENDEE ACCESS:

Number of attendees \_\_\_\_\_  
Number of computers or laptops needed \_\_\_\_\_

### AUDITORIUM USAGE:

Special lighting / sound requests \_\_\_\_\_  
Other needs not identified \_\_\_\_\_

### OTHER NEEDS:

Assistance required? \_\_\_\_\_

Please be specific. If assistance is needed during after school hours, approval is required.

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