

APPLICATION FOR USE OF SCHOOL FACILITIES
UPPER PERKIOMEN SCHOOL DISTRICT
(MUST FILE AT LEAST TWO (2) WEEKS PRIOR TO FIRST EVENT)

(Please type or print clearly)

Organization Name: _____ Date of Application: _____
 Name of building requested: High School Middle School Hereford Elementary Marlborough Elementary Education Center 4-5 Center

NOTE: Administration Reserves The Right To Assign The Building As Appropriate.

Date of Event: **
 ___/___/___ Set up Time: _____ Departure Time: _____
 Program Start Time: _____ Program End Time: _____

**For numerous dates, use "Multiple Date Request" in addition to this form.

Facilities Requested:
 ___ Auditorium ___ Kitchen/Preparing ___ Library ___ Classroom (Specify) _____
 ___ Cafeteria ___ Kitchen/Serving ___ Multipurpose Room ___ Turf Stadium (Specify) _____
 ___ Gymnasium ___ Audion ___ Conference Room ___ Outdoor Area (Specify) _____

State Purpose of Use – Be Specific

Insurance: For non-school district related (funded) organizations only
 Will an admission fee be charged? ___ Yes ___ No \$ _____ \$ _____
 Our Organization will provide a certificate of insurance as follows: Bodily Injury Liability Property Damage Liability
 (\$500,000 Minimum) Each Occurrence (\$500,000)

Equipment Requested: _____ *For the two areas below, must use school personnel
 ___ Sound System ___ Athletic Equipment (List below) ___ Stage lighting*
 ___ Tables and/or Chairs (list below) ___ Band Risers ___ Chorus Risers
 ___ Moveable Stage ___ Piano ___ Kitchen Equipment (List below) *

Request List For Custodians: (In addition to above)

Fees: as indicated in the current Policy 707AR (To be completed by District); Total Fees: \$ _____
 Custodial Fee: ___ Hrs. x ___ rate = \$ _____ Kitchen Personnel Fee: ___ Hrs. x ___ rate = \$ _____
 Room Use Fee: ___ Hrs. x ___ rate = \$ _____ Field lighting Fee: ___ Hrs. x ___ rate = \$ _____
 Computer Specialist Fee: ___ Hrs. x ___ rate = \$ _____ Sound & Light: ___ Hrs. x ___ rate = \$ _____ Other Fees: \$ _____

List Name, Address, Phone number and E-mail address of the official who will be responsible and who will accept full responsibility for adherence to School District Rules and Regulations. Please read terms stated below and the rules and regulations as posted at www.upsd.org.

Name of Responsible Official	Home Address and/or School Building Employee	Phone # or Extension
Signature of Responsible Official **	Email Address for Responsible Official	Date
Name of Billing Contact	Billing Address	Date
Upper Perkiomen Employee in Attendance (if applicable)	Signature of Building Principal	Date

** The undersigned agree to hold harmless all members of the Upper Perkiomen Board of School Directors and all its administrators, certified and non-certified employees for loss of any material, equipment, and injury which may occur while using any of the school district owned buildings, facilities, fields or equipment. In addition, the undersigned agrees to hold harmless all parties identified above from all acts of negligence and to inform all members and spectators of this agreement. Then upon prompt notice will defend the district in all actions, suites, complaints, or legal proceedings of any kind that may occur.

Email Completed Application to AHannon@upsd.org
 Or Mail Completed Application to:
 Upper Perkiomen School District
 Attn: Anna Hannon
 2229 E. Buck Road
 Pennsburg, PA 18073

Approved by: _____ Date: _____
 Notes: _____

UPPER PERKIOMEN SCHOOL DISTRICT

HOLD HARMLESS CLAUSE

The undersigned agree to hold harmless the Upper Perkiomen School District, all members of the Upper Perkiomen Board of School Directors and all administrators, certified and non-certified employees for loss of any material, equipment, and injury which may occur while using any of the school district owned buildings, facilities, fields, or equipment unless said loss was directly caused by the negligence of the School District. In addition, the undersigned agrees to hold harmless all parties identified above from all acts of negligence on its part and to inform all members and spectators of this agreement. Upon prompt notice individual user or organization will defend the district in all actions, suites, complaints, or legal proceedings of any kind that may occur.

Signature: _____

Date: _____

Organization: _____

Witness: _____

INSURANCE VERIFICATION

Primary liability and medical insurance protection during the use of Upper Perkiomen School District facilities is the responsibility of the individual signing the application. Coverage is provided through:

Home Owner Policy# _____ Company Name _____ Exp. Date _____

and/or

Other Insurance Policy# _____ Company Name _____ Exp. Date _____

NOTE: It is the responsibility of the applicant to verify that the insurance coverage is suitable for the event they are sponsoring and to notify everyone involved.

Signature _____ Date _____