



ELIZABETH FORWARD SCHOOL DISTRICT FACILITY USE APPLICATION

All requests to schedule events in the Elizabeth Forward School District must be requested by submitting this application to the Facilities & Main Office of the requested building at least twenty (20) days prior to your event. One application must be submitted for each school/facility you are requesting. You will be notified via email or text message from the School District of your applications approval or denial. Please provide a copy of your signed Certificate of Liability Insurance at time of submission for this Application If you have any questions, please call (412) 896-2300.

ORGANIZATION INFORMATION:

Organization Name: _____
Name of Individual Responsible for Request: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email: _____

Type of Organization (as per School District classifications, see below):

- I. School Sponsored
- II. School Related
- III. Community Non-Profit
- IV. Non-Community or Private Interest

Certificate of Liability Insurance attached to this Application:

- Yes
- No; Provide date when copy will be available: _____

FACILITY REQUEST INFORMATION:

Facility Requested:

- | | |
|--|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> William Penn Elementary | <input type="checkbox"/> Central Elementary |
| <input type="checkbox"/> Greenock Elementary | <input type="checkbox"/> Mt Vernon Elementary |
| <input type="checkbox"/> Elizabeth Learning Center | |
| <input type="checkbox"/> Athletic Facility: _____ | |

Area(s) to be used (Check all that Apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria Seating | <input type="checkbox"/> Cafeteria/Kitchen |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Classroom (# _____) |
| <input type="checkbox"/> Field: _____ | <input type="checkbox"/> Other: _____ | |

*If requesting an Auditorium, please provide description of pertinent information on activity involved.



ELIZABETH FORWARD SCHOOL DISTRICT – USE OF SCHOOL FACILITIES POLICY



401 Rock Run Rd, Elizabeth, PA 15367

707. ATTACHMENT

TYPE OF REQUEST:

Single Use

Date: _____ Second Choice: _____ Third Choice: _____

Time for Facility to be opened: _____ Time for Facility to be closed: _____

Recurring – Weekly/Monthly (e.g. Mondays and Wednesdays from 5pm to 7pm, every Tuesday in March)

- Full Season – (the organization is requesting to use the Facilities for the Organization’s full season, e.g. its entire youth basketball season)

Day(s) of the Week: _____ Second Choice: _____ Third Choice: _____

Time of Use: _____ Second Choice: _____ Third Choice: _____

Date(s): Beginning on _____ Ending on: _____

MISCELLANEOUS INFORMATION:

Anticipated Attendance: _____

Will Spectators be present? Yes No

Will admission be charged? Yes No

Will concessions or merchandise be sold? Yes No

Special Needs:

Tables/Chairs

P.A. System/Scoreboard

Microphones(s)

Video

Podium/Lectern

Restrooms

Other, please explain: _____

Special Requests (Please be Specific):

FOR OFFICE USE ONLY:

Athletic Director: _____ Approval Conditional Approval* Denial Date: _____

Principal: _____ Approval Conditional Approval* Denial Date: _____

Facility Director: _____ Approval Conditional Approval* Denial Date: _____

**Conditional approval means there may be additional charges due and/or restrictions that must be agreed upon prior to use of facility.*

Conditions: _____



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	I School - Sponsored	II School - Related	III Community Non-Profit	IV Non-Community or Private Interest
Auditorium(s)				
EFHS (High School)	No Charge	No Charge	\$500 Security Deposit	\$750/event + \$500 Security Deposit
EFMS (Middle School)	No Charge	No Charge	No Charge	\$750/event + \$500 Security Deposit
Gym(s)				
EFHS (High School)	No Charge	No Charge	No Charge	\$500/event or \$50/hr
EFMS (Middle School)	No Charge	No Charge	No Charge	\$500/event or \$50/hr
William Penn Elem.	No Charge	No Charge	No Charge	\$300/event or \$45/hr
Central Elem.	No Charge	No Charge	No Charge	\$300/event or \$45/hr
Mt. Vernon Elem.	No Charge	No Charge	No Charge	\$300/event or \$45/hr
Greenock Elem.	No Charge	No Charge	No Charge	\$300/event or \$45/hr
Cafeteria(s)				
EFHS (High School)	No Charge	No Charge	No Charge	\$250/event
EFMS (Middle School)	No Charge	No Charge	No Charge	\$250/event
William Penn Elem.	No Charge	No Charge	No Charge	\$250/event
Central Elem.	No Charge	No Charge	No Charge	\$250/event
Mt. Vernon Elem.	No Charge	No Charge	No Charge	\$250/event
Greenock Elem.	No Charge	No Charge	No Charge	\$250/event
Athletic Field(s)				
Wylie Field (Baseball)	No Charge	No Charge	No Charge	\$75/event
William Penn (Softball)	No Charge	No Charge	No Charge	\$75/event
William Penn (Small Field)	No Charge	No Charge	No Charge	\$50/event
Middle School (Soccer Field)	No Charge	No Charge	No Charge	\$50/event
Natorium				
EFHS (Swimming Pool)	No Charge	No Charge	No Charge	No Charge
Stadium				
EFHS (High School)	No Charge	No Charge	\$500 Security Deposit	\$800/event + \$500 Security Deposit
Concession Stand				
EFHS (High School)	No Charge	No Charge	\$500 Security Deposit	\$300/event + \$500 Security Deposit
Classroom(s)				
All Buildings	No Charge	No Charge	No Charge	\$20/hr.
Applicable to Group II, III and IV				
Additional Personnel Fees				
Custodial Staff	\$42.50/hr			
Security Staff	\$20/hr			
Maintenance Staff	\$45.50/hr			
Sound Staff (Aud.)	Prevailing Rate			
Scoreboard Staff (Gyms/Fields)	Prevailing Rate			

FEE ESTIMATE:

**All fees are approximate and will be finalized at the conclusion of the event. A deposit may be required. Full payment is to be provided prior to start of the event. The School District reserves the rights to deny any parties on day of event if payment is not provided.*

Rental Charge: \$ _____

Custodial / Maintenance: _____ Hours @ \$42.50/hr = \$ _____ (standard rate)
 _____ Hours @ \$XX/hr = \$ _____ (overtime rate)

Sound Staff: _____ Hours @ \$42.50/hr = \$ _____ (standard rate)
 _____ Hours @ \$XX/hr = \$ _____ (overtime rate)

Scoreboard Staff: _____ Hours @ \$42.50/hr = \$ _____ (standard rate)
 _____ Hours @ \$XX/hr = \$ _____ (overtime rate)

Security: _____ Hours @ \$20.00/hr = \$ _____ (standard rate)

Other Charges: _____ = \$ _____
 _____ = \$ _____
 _____ = \$ _____

TOTAL APPROXIMATE CHARGES: \$ _____ DEPOSIT REQUIRED: \$ _____



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I have read the outlined regulations for the use and care of the Elizabeth Forward School District Facility Use Application and EFSD Policy 707 – Use of Facilities upon the application approval, our organization agrees to comply with depicted regulations fully and completely. Additionally, our organization has read and is aware of the EFSD Policy 709.1 - Use of Surveillance. If our organization uses the requested applicable facility, our organization also agrees to pay any fees and costs as the same are outline in the approval and fee letter that will be provided by Elizabeth Forward after School Board approval.

Name of Organization

Name of Organization Authorized Signatory (Please Print)

Signature

Date