POCONO MOUNTAIN SCHOOL DISTRICT
APPLICATION FOR USE OF DISTRICT FACILITIES/PROPERTY

Date: _____   Contact email:_____

Name of Organization/Individual: _____

Name of Contact: _____   Telephone#: _____

Address: _____   Home/Business: _____

Facilities/Property Requested: _____   School: _____

Dates/Days Requested: _____

Time Requested: _____ AM/PM   to _____ AM/PM

Purpose of Facilities/Property Usage: _____

# of Persons Attending: _____ # of Persons Supervising Activity/Event: _____

Age of Participants: _____

Participants are: District Residents/Out-of-District Residents/Combination

Equipment Requested:

      Tables/Chairs   #: _____

      Kitchen Equipment   Type/#: _____

      Other Equipment   Type/#: _____

Requested District Personnel:

      Custodians   Yes ☐   No ☐

      Security   Yes ☐   No ☐

      Cafeteria Assistants   Yes ☐   No ☐

Local/State/National Affiliations:_____

Staff Criminal History Checks/Clearances Available: Yes ☐   No ☐

Concessions: Food/Non-Food Items: _____

Registration Fees/Entry Fees/Ticket Sales: _____

Insurance Information: _____
(Attach Copy of Insurance Certificate)

Signature of Applicant: _____ Title: _____Date: _____

All requests for the use of athletic fields, facilities and/or equipment must be reviewed by the Athletic Director prior to review by the Principal (or Designee)

Athletic Director: _____ **Approved:** ☐   **Disapproved:** ☐

Athletic Director Signature: _____ **Reason for Disapproval:** _____

Principal: _____ **Approved:** ☐   **Disapproved:** ☐

Principal Signature: _____ **Reason for Disapproval:** _____

School Board: _____ **Approved:** ☐   **Disapproved:** ☐

Secretary Signature: _____ **Reason for Disapproval:** _____

Priority Group Designation: _____

Prepayment Deposit Required: _____ **Amount Due (Paid within ten (10) days of approval:** _____

Total Payment: (Paid within ten (10) days after the event/activity concludes) _____

District Personnel Required: _____

Custodian on Duty: _____ **Hours:** _____

Comments: _____

Security on Duty: _____ **Hours:** _____

Comments: _____

_____

Cafeteria Staff: _____ **Hours:** _____

Comments: _____

_____

Concession Sales: District-Sponsored Organization: _____

Advisor/Coordinator: _____

Principal: _____

Comments: _____

_____