



## DASD FACILITIES USE ACCOUNT REQUEST

### ORGANIZATION INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Certificate of insurance must list the Downingtown Area School District as an additional insured and must meet the following minimum coverage limits:

General Liability insurance \$1,000,000 Each Occurrence and \$2,000,000 General Aggregate.

Personal Injury insurance \$1,000,000 and \$500,000 for Property Damage.

TAX EXEMPT STATUS:  FOR PROFIT

NOT FOR PROFIT

### FACILITY REQUEST INFORMATION

SCHOOL: \_\_\_\_\_ EVENT: \_\_\_\_\_

AREA/S REQUESTED: \_\_\_\_\_

REQUESTED DATE/S: \_\_\_\_\_ TIME/S: \_\_\_\_\_

EXPECTED # OF ATTENDEES: \_\_\_\_\_ PERCENTAGE OF DASD RESIDENTS:  <50%  >50%

### INSTRUCTIONS

Please complete the Organization Information section of this form and any available Facility Request Information. Then email this form along with your certificate of insurance and IRS Tax Determination Letter as proof of non-profit status to [events@dasd.org](mailto:events@dasd.org). You will be contacted by the Facilities Use Coordinator to provide you with login information and directions for how to use the district scheduling website.