



EAST ALLEGHENY SCHOOL DISTRICT

1150 Jacks Run Road, North Versailles, PA 15137

Phone: 412-824-8012 | Fax: 412-824-1062

Requests are to be submitted to Toni Valicenti, Business Manager
412-824-8012 ext. 4157 tvalicenti@eawildcats.net

Policy 707 Attachment B APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization: _____

Date of Request: _____

Organization's representative in charge: _____

Phone number: _____

Email Address: _____

Billing Address: _____

Nonprofit Organization:

Yes _____

No _____

Building Requested: _____

Location/room/area requested: _____

1st Preference Dates Requested: _____

Please note: For those organizations requesting year-long facilities, please complete two applications – one for the Fall and one for the Spring.

Days Requested: S M T W TH F S

Times: From _____ To _____

1st Preference Dates Requested: _____

Days Requested: S M T W TH F S

Times: From _____ To _____

Reason for Use: _____

Requirements needed (safety equipment, police, food service, security, custodial): _____

*The district reserves the right to assign additional staff as determined to be necessary.

Expected Attendance: _____ Will admission be charged? Yes ___ No ___ If Yes, amount _____

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I have read the rules, administrative regulations and Board policy 707 on Use Of School Facilities, and I understand that these are a condition of the lease; and I understand that when the application is properly approved, it is a lease, in fact. I understand that failure to abide by the rules, administrative regulations and Board policy on Use Of School Facilities will result in the immediate discontinuance of use privileges. In addition, our organization agrees to pay the full cost of any damage caused by our group to any of the district's facilities, as well as any cost incurred by the district to bring any facility back to the condition in which it was found.

Furthermore, my organization forever releases the district, its Board of Education, agents, employees and servants from all claims, actions and charges whatsoever arising out of the event(s) conducted on the above-mentioned day(s) for which this application is being submitted. My organization will defend all actions, suits, complaints or legal proceedings of any kind brought against the Board of Education and any of its agents, servants, or employees and further will hold harmless and indemnify the said Board and district from any expense and judgments or decrees recovered against them as a result of said use of these facilities.

I understand that payment in full must be made at least ten (10) days prior to the first day of use. A security deposit, if required, must also be paid at this time. Deposit will be returned upon the receipt of the facility access key (if applicable) and if all processes and procedures are followed.

Signature: _____

Title: _____

Printed name: _____

Contact person during event(s): _____ (must be on-site at all times)

Contact #: _____

Office Use Only:

Group Category: <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u>	
Deadline for payment (must be 10 days prior to event) _____ Total Payment Due: _____	
Rental Fee: \$ _____	Custodial Fee: \$ _____ Security Fee: \$ _____ Equipment Fee: \$ _____
Date Payment in full received: _____	
Person responsible for key/entry into buildings: _____ Key returned on: _____	
_____ Request Approved by School Board	Approval Date: _____
_____ Request Denied by School Board	Denial Date: _____