

**APPENDIX B**  
**APPLICATION FOR USE OF SCHOOL FACILITIES**  
**(Valid for six (6) months from date of application.)**

Name of Organization: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nonprofit? \_\_\_\_ Yes \_\_\_\_ No

Will an admission fee be charged? \_\_\_\_ Yes \_\_\_\_ No If yes, amount? \_\_\_\_\_

Are you requesting a waiver of facilities fees? \_\_\_\_ Yes \_\_\_\_ No

If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: \_\_\_\_\_

School Building: \_\_\_\_\_

<u>From – DATE(S) – to</u>	<u>From – HOURS – to</u>	<u>DESCRIPTION (meeting, practice, game, rehearsal)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FACILITY REQUIRED:**

\_\_\_\_ All-Purpose Room      \_\_\_\_ Auditorium      \_\_\_\_ Cafeteria      \_\_\_\_ Gymnasium  
 \_\_\_\_ Kitchen/Preparation      \_\_\_\_ Stage      \_\_\_\_ Stadium      \_\_\_\_ Kitchen/Serving  
 \_\_\_\_ Fields (Specify)      \_\_\_\_ Classroom # \_\_\_\_\_      \_\_\_\_ Other (Specify): \_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT REQUIRED: (\*must be operated/attended by school personnel)**

\_\_\_\_ Kitchen Equipment      \_\_\_\_ Sound System      \_\_\_\_ Stage Lighting\*      \_\_\_\_ Piano  
 \_\_\_\_ Folding Stands      \_\_\_\_ Tables/Chairs      \_\_\_\_ Scoreboard\*      \_\_\_\_ Athletic Equipment  
 \_\_\_\_ Other (Specify): \_\_\_\_\_

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The district has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a certificate of insurance listing the OASD as co-insured as follows:

Bodily Injury Liability: \$1,000,000

Property Damage Liability: \$500,000

List at least one (1), but preferably two (2), responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to school district regulations by all persons in attendance. (Please print legibly.)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

I certify that I have read, understand, and agree to adhere to Policy 707 of Octorara Area School District concerning Use of School Facilities. Further, my organization forever releases the Octorara Area School District, their doctors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is 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 School Directors, school district, and school authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

\_\_\_\_\_  
SIGNATURE – Responsible Organization Official

PHONE (Day): \_\_\_\_\_  
(Eve): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

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APPROVALS: Principal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Business Manager: \_\_\_\_\_

Copy to:  
\_\_\_\_ Stage Manager    \_\_\_\_ Athletic Director    \_\_\_\_ Cafeteria Manager  
\_\_\_\_ Head Custodian    \_\_\_\_ Other \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only                      FACILITIES USE INVOICE

Facilities/Equipment Used: _____	Charges: \$ _____
_____	Charges: \$ _____
Personnel Employed: _____	Charges: \$ _____
(Attached time sheets) _____	Charges: \$ _____
Other (Specify): _____	Charges: \$ _____
_____	Charges: \$ _____