



OCTORARA AREA SCHOOL DISTRICT

APPLICATION FOR USE OF SCHOOL FACILITIES (ATHLETIC)

(Valid for 6 months from date of application.)

Name of Organization _____ Date _____

Is requesting group a 503c Non-Profit ____ No ____ Yes (MUST provide copy of paperwork.)

Will an admission and/or participation fee be charged? ____ No ____ Yes If yes, amount? _____

Specific purpose of use: _____

DAY(s) of WEEK	From – DATE(S) – To	From – HOURS – To	Description of USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FACILITY REQUESTED

____ Athletic Field (Specify) _____ ____ Gymnasium (Specify school) _____ ____ Stadium

EQUIPMENT REQUIRED

____ Scoreboard (MUST be operated by trained school personnel.)

____ Athletic Equipment (Specify) _____

- THE DISTRICT HAS THE RIGHT TO ASSIGN ADDITIONAL SECURITY AND OTHER PERSONNEL AS NEEDED TO ADDRESS SAFETY CONCERNS AND TO PROTECT DISTRICT PROPERTY AT A COST TO THE REQUESTING ORGANIZATION.
- REQUESTING ORGANIZATION MUST PROVIDE A CERTIFICATE OF INSURANCE LISTING THE OCTORARA AREA SCHOOL DISTRICT AS CO-INSURED. LIABILITY LIMITS MUST BE \$1,000,000 Bodily Injury Liability AND \$500,000 Property Damage Liability.

Requesting organization MUST provide at least one representative who will be present at the time the requested facilities are being used and who will accept responsibility for ensuring district regulations are adhered to by all persons in attendance. **(Please print legibly.)**

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

I certify that I have read, understand, and agree to adhere to Policy #707 of the Octorara Area School District concerning the Use of School Facilities. Further, my organization forever releases the Octorara Area School District, its school physicians, agents, employees, and servants from all claims, actions, and charges whatsoever arising out of these event(s) conducted on the contracted dates for which this application is approved. 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 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.

_____ Phone (Day): _____
Printed Name – Responsible Organization Official
(Evening): _____

_____ Email: _____
Signature – Responsible Organization Official

Billing Address: _____
Street City State Zip Code

FORMS FOR ATHLETIC FACILITY USE SHOULD BE SENT TO:
ANGIE GAIDO, 226 HIGHLAND RD, ATGLEN, PA 19310
EMAIL: AGAIDO@OCTORARA.ORG FAX: 610-593-4945

FOR OFFICIAL USE ONLY:

DATE RECEIVED: _____ **APPROVED** _____ **DENIED** _____
CONFIRMED WITH REQUESTOR: _____ **BY:** _____ **DATE:** _____
Angie Gaido
DATE ENTERED INTO BOOKED: _____

Certificate of Insurance provided: _____ **Group Classification:** _____ **School-Sponsored**
_____ **Not-for-profit/Non-fee**
Fee to be charged: _____ **Yes** _____ **No** _____ **Not-for-profit/Fee Assessing**
_____ **Private/for profit**

Copy to: _____ **Principal** _____ **Athletic Director** _____ **Head Custodian** _____ **Head of Maintenance**
_____ **Other (Specify)** _____

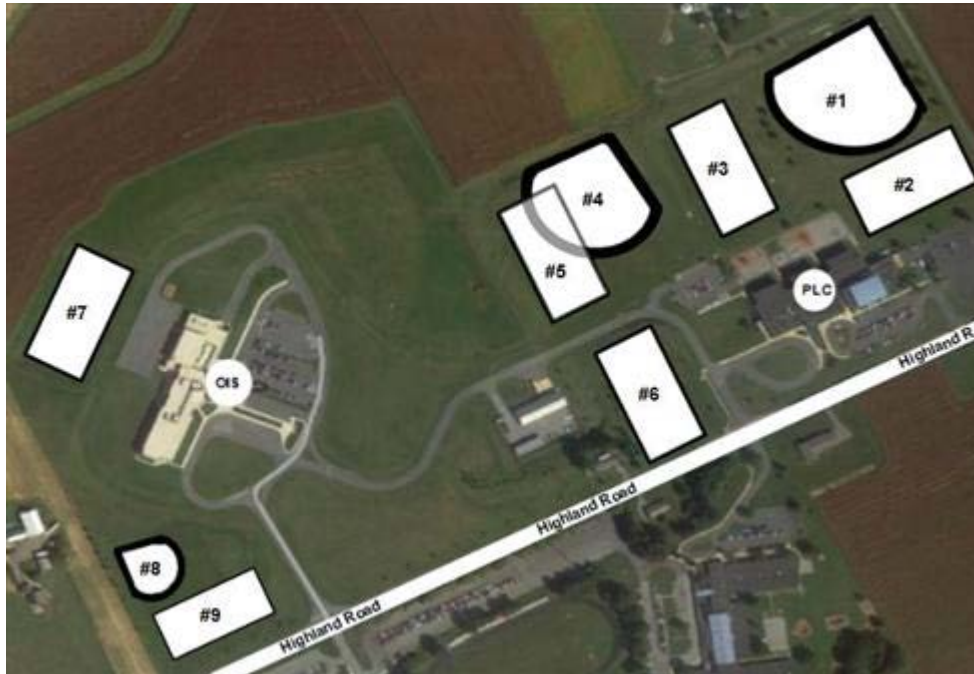
Approved by: _____ **Date:** _____

FACILITIES USE INVOICE

Facilities/Equipment Used:	_____	Charges: \$ _____
	_____	Charges: \$ _____
	_____	Charges: \$ _____
Personnel Employed:	_____	Charges: \$ _____
(Attached timesheets)	_____	Charges: \$ _____
Other:	_____	Charges: \$ _____

ATHLETIC FIELDS

North Campus



South Campus

