BELLEFONTE AREA SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

| zquipment requesteu | Room Requested: |
|--|---|
| Approximate Attendance: | Admission Charge: \(\text{YES} \) \(\text{NO} \) |
| Name Of Organization: | |
| Name Of Coordinator: | |
| Address: | Home Phone: |
| | Cell Phone: |
| Date(s) Facility Requested: | Hours: From To |
| Purpose of Function: | |
| | ions, groups, or individuals using any and all facilities and equipment rance to be filed with the Business Office prior to use. |
| Indemnity The user of the facility agrees to de- | ficate on File in Business Office fend, indemnify and hold harmless the District from any and all liability damage, or claim arising out of the use of the facility by the sa |
| E-Mail Address (notification for approval | disapproval) |
| | |
| USER SIGNATURE: | |
| *Please contact the Physical Plant at 355-4814 | x 3006 or physicalplant@basd.net if cancelling any scheduled events |
| *Please contact the Physical Plant at 355-4814 allow others the use of facilities and to notify C | x 3006 or physicalplant@basd.net if cancelling any scheduled events |
| *Please contact the Physical Plant at 355-4814 allow others the use of facilities and to notify C | x 3006 or physicalplant@basd.net if cancelling any scheduled events ustodians that the event is cancelled. |
| *Please contact the Physical Plant at 355-4814 allow others the use of facilities and to notify C To Be Completed By The School: School Sponsored School Affi In accordance with District Policy, a building rebe assessed. The Business Office following of | x 3006 or physicalplant@basd.net if cancelling any scheduled events ustodians that the event is cancelled. liated Other ental fee and/or charges for custodial services and equipment usage mompletion of your approved activity will send a separate bill for the |
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