

BELLEFONTE AREA SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Building Requested: Bellefonte Elem. Benner Elem. Marion-Walker Elementary
 Pleasant Gap Elem. Middle School High School Central Office

Equipment Requested: _____ Room Requested: _____

Approximate Attendance: _____ Admission Charge: YES NO

Name Of Organization: _____ Wireless Access: YES NO

Name Of Coordinator: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Date(s) Facility Requested: _____ Hours: From _____ To _____

Purpose of Function: _____

Insurance Certificate

Our insurance carrier requires that organizations, groups, or individuals using any and all facilities and equipment of the School District provide a Certificate of Insurance to be filed with the Business Office prior to use.

- Certificate Attached Certificate on File in Business Office

Indemnity

The user of the facility agrees to defend, indemnify and hold harmless the District from any and all liability, claims, accidents, suits for injury or property damage, or claim arising out of the use of the facility by the said organization, including costs and fees.

E-Mail Address (notification for approval / disapproval) _____

USER SIGNATURE: _____

*Please contact Aaron Barto at 355-4814 x 3006 or abarto@basd.net if cancelling any scheduled events to allow others the use of facilities and to notify Custodians that the event is cancelled.

To Be Completed By The School:

- School Sponsored School Affiliated Other

In accordance with District Policy, a building rental fee and/or charges for custodial services and equipment usage may be assessed. The Business Office following completion of your approved activity will send a separate bill for these expenses. Contact the building principal if you have any questions.

_____ Principal	_____ Date	Fees:	_____
_____ Athletic Director or Auditorium Coordinator	_____ Date	Rental	_____
_____ Kitchen (if applicable)	_____ Date	Personnel	_____
_____ Physical Plant	_____ Date	Equipment	_____
_____ Business Manager	_____ Date	TOTAL	_____
Allow 10 business days to process			