

MIFFLIN COUNTY SCHOOL DISTRICT
201 Eighth Street
Lewistown, PA 17044

APPLICATION FOR PERMISSION TO USE SCHOOL FACILITIES

_____ hereby makes application for use of school facilities for:
(Name of Group/Organization)

_____ Approximate number persons attending: _____
(Purpose of request)

Organization Category (circle correct class):

Class I: All school sponsored organizations/programs

Class II: All school-related organization/programs or nonprofit groups/organizations

Class III: Non-school related, for profit organizations

Building Requested: _____

Is there raising of money as a result of the activity or event in the form of admission, tuition, voluntary donations, collections, or the sale of merchandise or amusements? YES NO

If YES, explain how proceeds will be used: _____

Date(s) facility requested (include rehearsals):

Date: _____ Time: _____ (am/pm) to _____ (am/pm)

Date: _____ Time: _____ (am/pm) to _____ (am/pm)

Date: _____ Time: _____ (am/pm) to _____ (am/pm)

Date: _____ Time: _____ (am/pm) to _____ (am/pm)

Dates and times must be listed individually.
(Attach sheet if necessary)

A damage deposit is due prior to the first day of use. \$ _____

**** Fees: Reference Policy 707, Attachment 1 – Schedule of Rates Chart, set by Board of School Directors.**

RENTAL FEES (To be completed by the Principal):

Area(s) Requested: _____ Cost: \$ _____

_____ Cost: \$ _____

_____ Cost: \$ _____

Additional Equipment: _____ Cost: \$ _____

_____ Cost: \$ _____

_____ Cost: \$ _____

PERSONNEL FEES (To be completed by the Principal):

	YES	NO	Qty	Hrs. Ea.	Total Hrs.	Rate	TOTAL
Event Staff:	_____	_____	_____	_____	_____	<u>\$21.83</u>	\$ _____

Custodial: _____ \$32.91 \$ _____

(No charge if event is on a regular school day unless staffing is required above normal levels)

Technical: _____ \$36.38 \$ _____

TOTAL ESTIMATE ALL FEES: \$ _____

Invoice No: _____

Permission to use school facilities is granted only under the assumption that those individuals in charge of the activities are exercising proper use and care of all school areas and equipment while in use. Failure to properly take care of school facilities will result in revoking privileges to those individuals.

You, or the organization you represent, must provide proof of a minimum of \$300,000 personal injury coverage and \$100,000 of property damage coverage. Please provide your certificate or other proof of insurance evidencing appropriate coverage with this application.

In accordance with Section 4 of the policy, your organization will be required to furnish the School District with protection from liability by presenting evidence of the purchase of organizational liability insurance and completing and Agreement of Indemnity executed by an officer of the organization. An Agreement of Indemnity remains active for future applications made throughout the current fiscal year July 1 through June 30.

_____ **THE UNDERSIGNED HAS READ AND UNDERSTANDS THE MCSD USE OF FACILITY POLICY AND ACCEPTS RESPONSIBILITY FOR THE REQUIREMENTS STATED HEREIN.**

_____ **THE UNDERSIGNED HAS REVIEWED AND ACCEPTS THE ESTIMATED FEES LISTED ABOVE WITH THE UNDERSTANDING THAT FEES ARE SUBJECT TO CHANGE.**

Responsible Individual _____ **SIGNATURE:** _____
(Print)

Address:
Street: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

SIGNATURES FOR APPROVAL:

Building Principal: _____ Date: _____

Athletic Director: _____ Date: _____
(If Event Staff is needed)

Business Office: _____ Date: _____

Director of Bldgs & Grounds: _____ Date: _____

** Please contact Crystal James at 717-242-0262 Ext. 2481 or clj79@mcsdk12.org to cancel your event.

** Return Application, Indemnity Agreement & Liability Insurance Certificate to Principal of building requested.

Form distribution after signatures are completed: Group/Organization
Business Office Athletic Director
Custodial/Maintenance School Office

MIFFLIN COUNTY SCHOOL DISTRICT
201 EIGHTH STREET – HIGHLAND PARK
LEWISTOWN, PA 17044-1197

INDEMNITY AGREEMENT

The undersigned, _____ in consideration of the grant of permission to us requested facilities/areas of the Mifflin County School District, does hereby agree to indemnify and hold forever harmless Mifflin County School District, its successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity that may hereafter at any time be made or brought against Mifflin County School District arising out of or on account of any accident or injury to person or property sustained by any such person in consequence of the use of the premises of Mifflin County School District pursuant to the grant of permission by Mifflin County School District.

IN WITNESS WHEREOF, this Indemnity Agreement has been

executed the _____ day of _____, 2_____.

Signature of Representative of Organization

Printed Name