

APPENDIX "B"
CORRY AREA SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES
FOR NON SCHOOL RELATED USES ONLY

Name of Organization _____ Today's Date _____

Non-Profit ? NO YES No. of People Attending _____

Will an admission fee be charged ? YES NO If yes, amount? _____

Specific purpose of use: _____

School Building Requested _____

DATE		HOURS		DESCRIPTION
From	To	From	To	(meeting, Practice, game, ext.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FACILITY REQUIRED:

- | | | | |
|---|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> All Purpose Room | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Kitchen Serving | <input type="checkbox"/> Kitchen Prep | <input type="checkbox"/> Stage | <input type="checkbox"/> Fields |
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> Other | | |

EQUIPMENT REQUIRED:

(* must be operated / attended by school personnel)

- | | | |
|--|---|---|
| <input type="checkbox"/> Kitchen Equipment* | <input type="checkbox"/> Sound System | <input type="checkbox"/> TV / CD Player |
| <input type="checkbox"/> Stage Lighting* | <input type="checkbox"/> Projector Screen | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Scoreboard* | <input type="checkbox"/> Tables/Chairs | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Folding Stands | <input type="checkbox"/> Athletic Equip. | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Other (Specify) _____ | | |

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 CASD AS CO-INSURED AS FOLLOWS: \$1,000,000 Bodily Injury and Property Damage Liability Insurance.

Insurance Attached: Policy # _____

List at least one, but preferably two, 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.

NAME: _____ ADDRESS _____ PHONE: _____

NAME: _____ ADDRESS _____ PHONE: _____

I certify that I have read, understand, and agree to adhere to Policy #707 of the Corry Area School District concerning Use of School Facilities. Further, my organization forever releases the Corry Area School District, the Corry Area School District School Board of Directors, agents and employees 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 or employees and further will hold harmless and indemnify the said School Directors, and School District from any expenses and judgements or decrees recovered against them as a result of said use of these facilities.

SIGNATURE- Responsible Organization Official

PHONE (Day) _____
(Eve.) _____

BILLING ADDRESS _____

APPROVALS:

Principal _____ Date _____
Business Manager: _____ Date _____

Copy to:

- Stage Manager
- Athletic Director
- Cafeteria Manager
- Custodian
- Technology
- Other

FACILITIES USES INVOICE

For office use only

Facilities/Equipment used: _____	Charges: \$ _____
_____	\$ _____
_____	\$ _____
Personnel Employed: _____	\$ _____
_____	\$ _____
_____	\$ _____
Other (Specify) _____	\$ _____
_____	\$ _____
TOTAL	\$ _____