



CORRY AREA SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES
SCHOOL RELATED USES ONLY
(Appendix "C" of CASD Policy #707)

Name of Organization _____ Today's Date _____ Date Entered in School Dude _____

Specific purpose of use: _____

School Building Requested _____

No. of People Attending _____

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

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) _____ | | |

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.

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.

Requester Signature

PHONE _____

Building/Position: _____

BILLING ADDRESS _____

APPROVALS:

Principal _____ Date

Business Manager: _____ Date

Copy to:

Stage Manager

Athletic Director

Cafeteria Manager

Custodian

Technology

Other