

**SCHUYLKILL HAVEN AREA SCHOOL DISTRICT  
FACILITIES USE APPLICATION**

**Section I. Organization/Group Information**

- 1. Name of Requesting Organization (no abbreviations): \_\_\_\_\_
- 2. Organization Representative/Contact:
  - Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Address: \_\_\_\_\_ Email: \_\_\_\_\_
  - \_\_\_\_\_ Fax: \_\_\_\_\_
- 3. Event Supervisor/Coordinator (if different from Organization Contact):
  - Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Address: \_\_\_\_\_ Email: \_\_\_\_\_
  - \_\_\_\_\_ Fax: \_\_\_\_\_

**Section II. Meeting/Event Information**

- 4. Facility Requested:
  - BUILDING**
    - High School
    - Middle School
    - Elementary Center
    - Baseball Field
    - Elementary Field
    - Rotary Field
    - Softball Field
  - FACILITY**
    - Art Room
    - Auditorium/Stage  
(Technical Rider required)
    - Band Room
    - Cafeteria (no kitchen access)
    - Chorus Room
    - Classroom(s) \_\_\_\_\_
    - Faculty Room
    - Gymnasium
    - Hale Board Room
    - Lobby
    - Spirit Room
    - Swimming Pool
    - Other (specify) \_\_\_\_\_
- 5. Date(s): \_\_\_\_\_
- 6. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Performance Time (if applicable): \_\_\_\_\_
- 7. Group Size/Expected Attendance: \_\_\_\_\_
- 8. Description of Event (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Refreshments Served: \_\_\_\_\_
- Admission Fee: \_\_\_\_\_
- Disposition of Proceeds: \_\_\_\_\_

**Section III. Facility Setup**

9. Equipment Requirements:

- Microphone                       Risers                                       Video Projector
- Overhead Projector               Piano                                       Scoreboard
- TV                                       Bleachers                               Basketball Hoops
- Podium                               Portable PA System                   Other (attach Technical Rider)

10. Number of additional chairs and tables, if applicable: \_\_\_\_\_

11. Are you requesting permission to bring equipment into the facility ( Y / N )? \_\_\_\_\_

Describe: \_\_\_\_\_

12. Are you requesting permission to use SHASD equipment at an off-site location (Y / N)? \_\_\_\_\_

Describe: \_\_\_\_\_

**Section IV. Insurance Information**

13. Certificate of liability insurance attached ( Y / N )? \_\_\_\_\_ Certificate holder must be named Schuylkill Haven Area School District, 501 East Main Street, Schuylkill Haven, PA 17972, listed as an additional insured and in the amount of one million dollars.

**Section V. Acknowledgement and Agreement**

**By signing below, you acknowledge and agree as follows:**

- The individual signing this request has the full power and authority to act on behalf of and to enter into binding agreements for the organization or entity listed above.
- You have read and fully understand this Application, the SHASD REGULATIONS FOR NON-SCHOOL USE OF SCHOOL DISTRICT FACILITIES and agree to bound by and comply with their respective terms.
- You are responsible for paying the SHASD the applicable rental and staffing fee(s). Payment is due within fifteen (15) days of your receipt of invoice. Late payments are subject to a \$25 late fee.
- You agree to and do hereby assume all risks relating in any way to your organization’s use of SHASD’s facilities, including, without limitation, any risks of property damage and/or personal injury to any person, including employees of your organization, who use or whom you permit to use or have access to facilities. You agree to and do hereby completely release and its employees, administrators, and Board of Directors from all liability, known and unknown, relating to your organization’s use of facilities, and you further agree to indemnify and hold SHASD and its employees, administrators and Board of Directors harmless from and against any damage or loss, including without limitation attorney’s fees and costs, which arises out of or relates in any way to your use of facilities.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>INTERNAL USE ONLY</b>			
<b>Organizational Classification:</b> _____ <b>Group A</b> _____ <b>Group B</b> _____ <b>Group C</b>			
<b>APPROVAL:</b> _____		<b>DATE:</b> _____	