

**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 Pupil, Alumni, Parent and Booster Organizations, etc.

**Class II:** Local nonprofit groups/organizations where **no** admission or donation is solicited

**Class III:** Local nonprofit groups/organizations where admission or donation is solicited

**Class IV:** For profit groups/organizations where **no** admission or donation is solicited

**Class V:** For profit groups/organizations where admission or donation is solicited

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: \$ \_\_\_\_\_

**ADDITIONAL FEES (To be completed by the Principal):**

Event Staff: YES NO QTY HOURS RATE TOTAL

\_\_\_\_\_ \$ 15.00 \$ \_\_\_\_\_

Custodial: \_\_\_\_\_ \$ 26.25 \$ \_\_\_\_\_

**TOTAL ESTIMATE ALL FEES: \$ \_\_\_\_\_**

**Invoice No: \_\_\_\_\_**

