

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)	Dates and times must be listed individually. (Attach sheet if necessary)
Date: _____	Time: _____(am/pm) to _____(am/pm)	
Date: _____	Time: _____(am/pm) to _____(am/pm)	
Date: _____	Time: _____(am/pm) to _____(am/pm)	

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):

	YES	NO	QTY	HOURS	RATE	TOTAL
Event Staff:	_____	_____	_____	_____	\$ 15.00	\$ _____
Custodial:	_____	_____	_____	_____	\$ 26.25	\$ _____

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 evidencing appropriate coverage with this application.

I have read the Mifflin County School District School Facility Use Policy and accept responsibility for meeting the requirement stated therein. 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 THEIR REQUIREMENTS STATED THEREIN.**

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

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

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

SIGNATURES FOR APPROVAL:

Building Principal: _____	Date: _____
Director of Secondary Education: _____	Date: _____
Superintendent: _____	Date: _____
Chief Financial Officer: _____	Date: _____
Athletic Director: _____	Date: _____

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

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