

## 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 school sponsored organizations/programs

**Class II:** All school-related organization/programs or nonprofit groups/organizations

**Class III:** Non-school related, for-profit organizations

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: \_\_\_\_\_

Note: All Mifflin County School District Sponsored Activities will be given first priority to facility access.

Date: \_\_\_\_\_ Time Building Needs Accessed: \_\_\_\_\_ (am/pm) End Time of Building Access: \_\_\_\_\_ (am/pm)

Start Time of Event: \_\_\_\_\_ (am/pm) End Time of Event: \_\_\_\_\_ (am/pm)

Dates and times must be listed individually. (Attach a 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: \$ \_\_\_\_\_

#### PERSONNEL FEES (To be completed by the Principal):

	YES	NO	Qty	Hrs. Ea.	Total Hrs.	Rate	TOTAL
Auxiliary Staff:	_____	_____	_____	_____	_____	<u>\$21.84</u>	\$ _____

Custodial:	_____	_____	_____	_____	_____	<u>\$33.47</u>	\$ _____
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(No charge if event is on a regular school day unless staffing is required above normal levels)

Technical:	_____	_____	_____	_____	_____	<u>\$43.40</u>	\$ _____
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**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 general liability insurance, naming Mifflin County School District as additionally insured. The coverage must have minimum general liability limits of \$1,000,000 per occurrence with a \$2,000,000 aggregate. Please provide your certificate or other proof of insurance evidencing appropriate coverage with this application

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 THE REQUIREMENTS STATED HEREIN.**

\_\_\_\_\_ **THE UNDERSIGNED HAS REVIEWED AND ACCEPTS THE ESTIMATED FEES LISTED ABOVE WITH THE UNDERSTANDING THAT FEES ARE SUBJECT TO CHANGE.**

**Responsible Individual** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURES FOR APPROVAL:**

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Event Staff is needed)

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Fees are charged)

Director of Bldgs. & Grounds: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Please contact Crystal James at 717-242-0262 Ext. 2481 or [clj79@mcsdk12.org](mailto:clj79@mcsdk12.org) to cancel your event.

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

Form distribution after signatures are completed: Group/Organization

Business Office  
Custodial/Maintenance

Athletic Director  
School Office

**MIFFLIN COUNTY SCHOOL DISTRICT**  
**201 EIGHTH STREET – HIGHLAND PARK**  
**LEWISTOWN, PA 17044-1197**

**INDEMNITY AGREEMENT**

The undersigned, \_\_\_\_\_ in consideration of the grant of permission to us requested facilities/areas of the Mifflin County School District, does hereby agree to indemnify and hold forever harmless Mifflin County School District, its successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity that may hereafter at any time be made or brought against Mifflin County School District arising out of or on account of any accident or injury to person or property sustained by any such person in consequence of the use of the premises of Mifflin County School District pursuant to the grant of permission by Mifflin County School District.

IN WITNESS WHEREOF, this Indemnity Agreement has been

executed the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature of Representative of Organization

\_\_\_\_\_  
Printed Name