

PENN-DELCO SCHOOL DISTRICT

Aston, Delaware County, Pennsylvania 19014

APPLICATION FOR USE OF SCHOOL FACILITY

This application is to be completed and returned to the Director of Auxiliary Services, Penn-Delco School District, 3000 Dutton Mill Road, Aston, Delaware County, PA 19014 in accordance with Penn-Delco Board Policy & Regulations.

All information below is required. Incomplete applications will not be processed.

TO BE COMPLETED BY THE APPLICANT

1. Name of Organization _____
2. Requester's Name: _____ E-Mail Address _____
3. Address of Organization _____ Requester's Phone # _____
4. Building Desired (**be specific**) _____ Room or Field Desired: _____
5. Principal Approval _____ Date _____
6. Date Facility Desired _____ Hours: From _____ To _____
7. The Activity:
 - Briefly describe the nature of purpose of the activity. Specify if a donation will be taken, or if admission is charged specify amount: _____
 - Additional Equipment required (projector, piano, microphone, soundboard, etc.)
 - Additional Personnel required (stage crew, custodian, security, etc.)
 - Total number of persons expected to be in attendance _____

All Insurance Certificates must name Penn Delco School District, 2821 Concord Road, Aston , Pa. as the certificate holder.

Two residents of Penn-Delco are/will be responsible for the conduct of the activity and any damages that may occur.

NAME	ADDRESS	DAYTIME TELEPHONE	E-MAIL ADDRESS**
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-----FOR OFFICE USE-----

1. Charges to be made:

Rental _____	In accordance with the attached regulations, payment is to be made to the Penn-Delco School District upon receipt of the approved bill.
Personnel _____	
Other _____	
Total _____	
2. Exceptions and/or Restrictions: _____
3. **Office Action:**

Approved <input type="checkbox"/> Date _____	Certificate of Insurance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected <input type="checkbox"/> Date _____	Indemnification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit/Schedule ID # _____	Date Indemnification Signed _____
Date Entered _____	_____

Director of Auxiliary Services

***Contact email address is required – all approval, denial, and cancellation notifications will be sent via email only. No paper copies will be distributed.*