

APPLICATION FOR USE OF SCHOOL FACILITIES

BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT

(MUST FILE AT LEAST THREE (3) WEEKS PRIOR TO FIRST EVENT)

(Please type or print clearly)

Organization Name: _____

Date of Application: _____

Name of building requested (Circle One):

High School

Middle School

District Tipton

Rockland

Longswamp

NOTE: Administration Reserves The Right To Assign The Building As Appropriate.

Date of Event:**

____/____/____

Set Up Time: _____ AM or PM

Departure Time: _____ AM or PM

Program Start Time: _____ AM or PM

Program End Time: _____ AM or PM

**For numerous dates, use "Multiple Date Request" in addition to this form.

Facilities Requested:

____ Auditorium ____ Kitchen/Preparing ____ Library ____ Classroom (Specify) _____

____ Cafeteria ____ Kitchen/Serving ____ Faculty Dining Room ____ Outdoor Area (Specify) _____

____ Gymnasium ____ Multipurpose Room ____ Conference Room ____ Other (Specify) _____

State Purpose of use – be specific

Insurance: For non-school district related (funded) organizations only

Will an admission fee be charged? ____ Yes ____ No

Our Organization will provide a certificate of insurance as follows:

\$ _____
Bodily Injury Liability
(\$500,000 Minimum)

\$ _____
Property Damage Liability
Each Occurrence (\$500,000)

Equipment Requested:

____ Sound System ____ Athletic Equipment (List below)

____ Tables and/or Chairs (list below) ____ Band Risers

____ Other Stage Equipment (list on back) ____ Piano

*For the two areas below, must use school personnel

____ Stage lighting*

____ Chorus Risers

____ Kitchen Equipment (list below)*

Request List For Custodians: (In addition to above)

Fees: (To be completed by District) _____

Custodial ____ Kitchen Personnel ____ Announcer ____

Maintenance ____ Field Lighting ____ Game Manager ____

Security Personnel ____ Ticket Collect/Sales ____ Field Materials ____

Light/Stage Crew ____ Scoreboard Operator ____ Miscellaneous ____

List Name, Address and Phone number of two officials who will be responsible and who will accept full responsibility for adherence to School District Regulations. Please read terms stated below:

Name – Organization President

Home Address and/or School Building Employed

Phone or Ext.

Name – Organization Coordinator

Home Address and/or School Building Employed

Phone or Ext.

Signature of Responsible Official ** Date

Signature of Responsible Official ** Date

** We certify that I/We have read and understand the regulations of the Brandywine Heights Area School District concerning the use of school buildings and further that I/We forever release the Brandywine Heights Area School District, their directors, agents, employees and servants from all claims, actions, and charges arising out of the event(s) conducted on the requested date(s) for which this application is submitted. That upon prompt notice it will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further it would hold harmless and indemnify the said school directors, School District from any expenses and judgements or decrees recovered against them as a result of the said use of these facilities.

Mail Completed Application to:
Director of Athletics & Facilities
200 West Weis St....Tipton Pa 19562
(610) 682-5102

Approved by: _____ Date: _____

Notes: _____

