

# CLEARFIELD AREA SCHOOL DISTRICT FACILITY USE OF SCHOOL and EQUIPMENT APPLICATION

All Requests Must be Submitted 10 Days Prior to Use/Activity

PLEASE CHECK GROUP AND ATTACH \$1,000,000 INSURANCE COVERAGE WITH APPLICATION

Group A:  School Organizations, Clubs, PTO, Booster Clubs, Band Parents, Alumni, Etc.

Group B:  In District, Non-Profit I, No Admission e.g. Boy/Girl Scouts, Civic Group, Etc.

Group C:  Non-Profit II, Outside District with or without admission and pays rental fee.

Group D:  For Profit Group in District and pays rental fee e.g. dance recitals.

Group E:  For Profit Located out of District.

Group F:  For PIAA Events

1. Organization \_\_\_\_\_ Small Game Chance # \_\_\_\_\_

2. Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

3. Address \_\_\_\_\_

Building Requested (CHECK ONE)  Clearfield Elem.  High School

Area Requested (CHECK)  Auditorium -  Gymnasium -  Cafeteria -  Kitchen -  Natatorium -  Computer Room -  Classroom  
 Bison Stadium -  Concession Stand -  Wrestling Room -  Baseball/Softball Field -  Soccer Field

4. Purpose: \_\_\_\_\_

5. Does Organization have a Small Game of Chance License? If so, does organization plan on having a raffle?  Yes  No

6. Requested for:

Date(s) & Time (from-to)	Representative (*)	# Attending
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(\*)List the designated representative who will be present at the activity and responsible for the supervision.

List Material(s) and/or Equipment Required \_\_\_\_\_

(If additional space is needed, please attach a typed or printed schedule)

The undersigned hereby agree(s) to use only those facilities and/or equipment listed above, for the sole purpose described above, in full compliance with the rules and regulations approved by the Board of School Directors governing the use of said facilities and/or equipment. In exchange for the use of said facilities and/or equipment, the undersigned agree(s) to make such payments as deemed necessary by the Board of School Directors for use of said facilities and equipment and that charges will be billed at the conclusion of the event. By the affixed signature below, the individual, group or organization agree(s) to defend, hold harmless, and indemnify the Clearfield Area School District against any and all claims arising out of the undersigned's voluntary use of School District facilities and/or equipment.

\_\_\_\_\_  
Signature of Person Completing the Application & Date

To be completed by District Official and/or Business Office

Fees to be Charged:

Facility Rental Fee \$ \_\_\_\_\_

Equipment Rental \$ \_\_\_\_\_

No. of Event Personnel @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Estimated amount of time services will be requested \_\_\_\_\_)Hr.

No. of Custodial Personnel @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Estimated amount of time services will be requested \_\_\_\_\_)Hr.

No. of Security Personnel @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Estimated amount of time services will be requested \_\_\_\_\_)Hr.

No. of Kitchen Personnel @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Estimated amount of time services will be requested \_\_\_\_\_)Hr.

Total Estimated Charges \$ \_\_\_\_\_ Approved  Denied

\_\_\_\_\_  
Director of Buildings / Date

\_\_\_\_\_  
Business Administrator / Date

\_\_\_\_\_  
Building Principal / Date

\_\_\_\_\_  
Athletic Director / Date

\_\_\_\_\_  
Director of Food Service / Date

Original needs to be signed by all Departments involved: 1 Copy to be sent to Building Principal, Director of Buildings, Supt. Secretary, Director of Food Services (if requested), Athletic Director (if requested) and Original sent to Accts. Payable