

APPLICATION FOR USE OF SCHOOL FACILITIES
Request must be in 2 weeks prior to your event

Form #7

CONEMAUGH VALLEY SCHOOL DISTRICT
JOHNSTOWN, PA

REQUESTING AGENCY/GROUP

Building Requested: _____
Facilities Requested: (Please indicate 1st & 2nd choices)

NAME OF ORGANIZATION

_____ Number of Classrooms _____ Auditorium
_____ All Purpose Room _____ Gymnasium
_____ Kitchen _____ Stadium
_____ Cafeteria _____ Other

MAILING ADDRESS

USING GROUP'S PURPOSE (Please be specific):

I (we) agree to abide by the liability, care, and cost provisions outlined by the Board of School Directors for the use of the facility req.
REQUEST SUBMITTED BY:

SIGNATURE

DAY(S) REQUESTED:

MAILING ADDRESS

_____ FROM _____ TO

DATES(S) REQUESTED:

TELEPHONE NUMBER

_____ FROM _____ TO

TIME REQUESTED:

DATE SUBMITTED

_____ AM/PM TO _____ AM/PM

ADMISSION FEE: (Check one)

NOTE: This authorization is issued subject to emergency conditions and restrictions that might later be events beyond our control.

NONE _____ CHARGE _____ DONATION _____

ADMINISTRATIVE OFFICE

AGREEMENT ASSUMING RESPONSIBILITY

By Board action, the board directed that each agency requesting the use of school facilities for large group participation must also have:

*At least two (2) duly designated responsible adults for supervision of their activities. (List these persons below.)

Shane Hazenstab, Superintendent

_____ Phone _____

Eric Miller, Business Manager

_____ Phone _____

Notes: _____

_____ Phone _____

PRINCIPAL'S RECOMMENDATION:

Dates Cleared _____ YES _____ NO

Custodian Needed _____ YES _____ NO

Security Needed _____ YES _____ NO

Proof of Insurance: _____
cc: _____

Principal's Signature _____

Date _____

_____ Originator _____ Principal
_____ Maintenance _____ Security