

Avon Grove School District

Request for Facilities Use Permit

Requesting Organization Information
(Legal Name and Address)

Contact Person
(Name & Address)

Phone Number: _____
email address: _____

Phone Number: _____
email address: _____

Domicile in School District: Y N

75% of Group Residents of School District: Y N

Registered as Charitable Organization: Y N

1. Building requested: _____ Dates requested: _____
_____ (If necessary, attach list of multiple dates & times).

2. Times of use: _____

3. Specific room(s) or area(s) being requested: _____

4. Purpose: _____

5. Food and/or beverages to be prepared or served? Y N If yes, please explain _____
_____ If yes, Food Service Director Approval _____

6. Are you charging Admission? Y N If yes, how much? _____
If yes, please review Board Policy regarding Admission Fees.

7. Number of persons using facility: _____

8. Other requirements (chairs, tables, stage lighting, setting up, etc.): _____

9. Facility Use Fee: _____ → _____

10. Personnel Requirements (to be completed below by Building Administrator):

<u>Position</u>	<u># Staff Required</u>	<u># Hours Required</u>	<u>Hourly Rate</u>	<u>Total</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Other Charges (heat, A/C, dumpster, etc.) _____

12. Total Fees and Charges (payable in advance on receipt of permit). _____ → _____

13. I agree on behalf of the above mentioned organization that all members and guests will observe all regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to Avon Grove School District property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify the Avon Grove School District against any loss, damage or expense of any kind, which said school district may sustain or incur because of use of the above described facility by our organization and we will further hold said school district harmless for loss of any kind in connection therewith. **Payment in full will be made prior to the first use of facilities. A Certificate of Insurance, with coverages in the required amounts, naming the Avon Grove School District as an additional insured, must be attached.**

Signed: _____ (Requesting Officer) Date: _____

Title: _____

Approval, Building Administrator

Approval, Business Manager