

Please email completed application to ashley.spector@dallastown.net or mail to:

Dallastown Area School District
Buildings & Grounds Office
700 New School Lane
Dallastown, PA 17313-9242

Application for Use of School Facilities

All information must be completed for your application to be processed.

***NAME OF PERSON SUBMITTING APPLICATION:** _____

***NAME OF ORGANIZATION BEING REPRESENTED BY APPLICANT (if any):**

(If the Applicant is an individual, please so note. If the Applicant is an organization, then please provide the full name of the organization, date of incorporation or establishment of entity.)

ADDRESS OF PERSON SUBMITTING APPLICATION: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

***TELEPHONE NUMBERS:** (W) _____ (CELL) _____

***EMAIL ADDRESS:** _____

WEBSITE: _____

If the person is applying on behalf of an organization, and the organization's contact information is different than that set forth above, please provide it below.

ADDRESS OF ORGANIZATION: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBERS: (W) _____ (CELL) _____

EMAIL ADDRESS: _____

WEBSITE: _____

***FACILITY REQUESTED:** _____

***DATE(S) REQUESTED:** _____ **TIME:** _____ **TO:** _____

***DATE(S) FOR REHEARSAL:** _____ **TIME:** _____ **TO:** _____

EXPECTED PARTICIPANTS: _____

Are more than seventy (70%) percent of participants Dallastown residents: ___ YES ___ NO

***TYPE OF ACTIVITY:** _____

USE OF PROCEEDS: _____

***Check any of the related services necessary or requested during the rental:**

- Custodial staff: times needed** _____ **to** _____
- Security staff: times needed** _____ **to** _____
- AV needs:** _____
- Doors: Door #** _____ **unlock at** _____ **locked at** _____
- Event Set-up (be specific include needs, locations and times):** _____

- refrigerators** **score board** **restrooms** **life guards**
- other (please list):**

Will any outside vendors be attending your event? **Yes** **No**

Are the expected participants going to be children? YES NO

- If yes, I confirm that all employees or volunteers who will care, supervise, guide, control or have routine interaction with children have had their background checks (PA State Police, FBI or FBI Exemption (if applicable), Child Abuse Clearance Report) as required by the Administrative Regulations, and the background checks yielded no evidence of prior crimes, child abuse or other activities that would make those individuals unfit to be involved. Background checks must be no more than one year old.

Signature of applicant or organization representative

Date

NAME OF INSURANCE CARRIER: _____

A Certificate of Insurance, naming the Dallastown Area School District as an additional insured, must be obtained and provided no later than seven days prior to the event or your event will be canceled. If you will have any outside vendors attending your event we will also need a copy of their Certificate of Insurance.

I _____ HERBY CERTIFY THAT I HAVE I WILL SECURED A SIGNED GENERAL
PRINTED NAME OF APPLICANT
RELEASE AND WAIVER OF LIABILITY FORM FOR EACH PARTICIPANT. _____
SIGNATURE OF APPLICANT

The applicant agrees to abide by Dallastown Area School District Policy 707 the related administrative regulations and the procedures adopted under it when using the school facilities requested. Further, the applicant agrees to pay all charges applicable to the use of the school facilities. The applicant understands and agrees that this application and the documents referenced above are legally binding. The applicant represents that all information set forth herein has been reviewed and is determined to be complete and accurate in all respects.

***PRINTED NAME OF APPLICANT OR ITS REPRESENTATIVE**

***SIGNATURE OF APPLICANT OR ITS REPRESENTATIVE** **DATE**

**Waiver section and application must be signed before application can be processed

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(For District Use Only)

DATE OF RECEIPT OF APPLICATION _____ Initials of Recipient _____

CATEGORY OF APPLICANT _____

RENTAL COST (Rental Fee plus Personnel, Security and Cleaning Costs): _____

IF THE APPLICANT IS NOT A RECOGNIZED PARENT/TEACHER ORGANIZATION, BOOSTER CLUB OR ANY OTHER SCHOOL AFFILIATED ORGANIZATION (SAO) PER BOARD POLICY 915, THEN HAS PROOF OF INSURANCE BEEN RECEIVED? _____ YES _____ NO

General Aggregate Limit: (\$2,000,000.00 minimum): _____ YES _____ NO

Each Occurrence Limit: (\$1,000,000.00 minimum): _____ YES _____ NO

Dallastown Area School District Named as Additional Insured: _____ YES _____ NO

IF EMPLOYEES, THEN WORKERS COMPENSATION COVERAGE: _____ YES _____ NO

DOES THE RENTAL REQUIRE THE CARE, SUPERVISION, GUIDANCE, CONTROL, OR ROUTINE INTERACTION WITH CHILDREN? _____ YES _____ NO

IF YES, THE SUBMISSION OF THE FOLLOWING SHOULD OCCUR:

- VERIFICATION OF THE ABUSE AND MOLESTATION COVERAGE
- A LIST OF EMPLOYEES OR VOLUNTEERS
- PROOF OF BACKGROUND CHECKS - IF REQUESTED