



COMMUNITY USE OF SCHOOL DISTRICT FACILITIES REQUEST FORM

Jersey Shore Area School District

All requests must be made 14 days prior to the event. - - Certificate of Insurance Coverage Required: \$1 million

Please ensure that you have received the approved form (sent by Nicki Barr) prior to the event. Events should not be held if approval has not been received.

Today's Date: _____
(Only 1 date per form)

Certificate of Insurance: _____ Yes _____ No

Name of Organization: _____ Organization Class: _____ A _____ B _____ C _____ D

Name of Person Applying/Contact Person: _____

Email Address: _____ Primary Phone: _____

Facility Requested:

____ Jersey Shore Area High School ____ Jersey Shore Area Middle School ____ Administration Building
____ Avis Elementary School ____ Jersey Shore Area Elementary School ____ Salladasburg Elementary School
____ Auditorium/Cafetorium ____ Cafeteria ____ Cafeteria w/ Kitchen ____ Classroom
____ Library ____ Computer Lab ____ Gymnasium ____ Gym w/ Showers
____ Football Stadium ____ Soccer/Track Field ____ Tennis Courts ____ Baseball Field
____ Pool ____ Air Conditioning Needed? Limited areas available during summer sessions.

Event Date(s): _____

Arrival Time: _____ Exit Time: _____ # of Attendees: _____

****Must include setup and tear down time**

Actual Event Start Time: _____ Actual Event End Time: _____

Requested Facility and Service Hours

Facility Requested: _____ Hours Equipment Rental: _____ Hours
Custodial Personnel: _____ Hours Food Service Personnel: _____ Hours
Security Personnel: _____ Hours Technology Personnel: _____ Hours

Describe Activity to be Conducted: _____

Applicant Comments: _____

Name of Contact Person During Event: _____ Cell Phone: _____

Invoice will be sent after the event. Payment is due within 30 days of the invoice date.

Applicant Signature: _____ Date: _____

Approvals:

Principal / Date

Athletic Director / Date

Buildings and Grounds Director / Date

Superintendent / Date