COMMUNITY USE OF SCHOOL DISTRICT FACILITIES REQUEST FORM

Jersey Shore Area School District

All requests must be made <u>10 days prior</u> to the event. -- Certificate of Insurance Coverage Required: $1 million

Today's Date: _____   Certificate of Insurance: _____Yes   _____No
<div align="center">(only 1 date per form)</div>   attached

Name of Organization: _____   Organization Class: ___A ___B ___C ___D

Name of Person Applying/Contact Person: _____

Address: _____
                               Street Address   City/State/ZIP

E-mail Address: _____   **Primary Phone**: _____
                                                                                                    area code

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   _____Other: _____
_____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**: _____

Describe Activity to be Conducted: _____

_____

Applicant Comments: _____

_____

Name of Contact Person During Event: _____ **Cell Phone**: _____
                                                                                                                                  area code

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

Applicant Signature: _____   **Date**: _____

Approvals:

_____   _____
<div align="center">Principal/Date   Athletic Director/Date</div>

_____   _____
<div align="center">Buildings and Grounds Director/Date   Superintendent's Office/Date</div>

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Name of Organization: _____

Name of Person Applying/Contact Person: _____

For Office Use Only
Fees Computation

Facilities Fees:

Facilities Fee: _____ of Hours x $ _____ Hourly Rate =   Facilities Fee Total: $_____

Equipment Rental Fee: _____ of Hours x $ _____ Hourly Rate =   Rental Fee Total: $_____

Operating Fees:

Energy Consumption Fee: _____ of Hours x $ 5.00_____ Hourly Rate =   Energy Fee Total: $_____

Startup Fee/Football Field: $125 flat startup Fee   Startup Fee Total: $_____

Startup Fee/Pool: $50 flat startup Fee   Startup Fee Total: $_____

Football Field Lights: _____ of Hours x $ 25.00_____ Hourly Rate =   Lights Fee Total: $_____

Personnel Fees:

Custodial Personnel Fee: _____ of Hours x $ _____ Hourly Rate =   Custodial Total $_____

                              Scheduled Work Time: _____ am/pm TO _____ am/pm   _____ # of Personnel Needed

Food Service Personnel Fee: _____ of Hours x $ _____ Hourly Rate =   Food Service Total $_____

                              Scheduled Work Time: _____ am/pm TO _____ am/pm   _____ # of Personnel Needed

Security Personnel Fee   _____ of Hours x $ _____ Hourly Rate =   Security Total $_____

                              Scheduled Work Time: _____ am/pm TO _____ am/pm   _____ # of Personnel Needed

Technology/AV Personnel Fee _____ of Hours x $ _____ Hourly Rate =   Technology Total $_____

                              Scheduled Work Time: _____ am/pm TO _____ am/pm   _____ # of Personnel Needed

Lifeguards Personnel Fee   _____ of Hours x $ _____ Hourly Rate =   Lifeguards Total $_____

                              Scheduled Work Time: _____ am/pm TO _____ am/pm   _____ # of Personnel Needed

Total Fees: Total Fees $_____