

SPRING COVE SCHOOL DISTRICT
1100 E. MAIN STREET
ROARING SPRING, PA 16673

APPLICATION FOR USE OF SCHOOL FACILITIES
FOR SCHOOL-AFFILIATED ORGANIZATIONS (CATEGORY B ONLY)

CATEGORY B - School-Affiliated: An organization that supports curricular and extracurricular programs that have been approved as per Policy 915, such as PTO's, music parents, and boosters; also included are PreK12 nonprofit educational entities such as Head Start, Career and Technology Schools or Intermediate Units that support district educational programs. (Organization must pay all direct costs, including applicable personnel costs as determined by SCSD. No rental fees will be assessed except for use of lights at Roaring Spring Athletic Field. District insurance covers events. Clearances are required for all adult leaders/supervisors who will have direct contact with students.) (Please Print)

Name of Organization _____ Today's Date ____/____/____

Has your organization submitted an Administrative Recognition form and received Board approval? ____ Yes ____ No

Is your organization a PreK-12 nonprofit educational entity? ____ Yes ____ No

Specific Purpose of Use _____

Name of School Facility Requested _____

Table with columns: DATE (From, To), HOURS (From, To), and DESCRIPTION (meeting, practice, game, rehearsal). Includes multiple rows for scheduling.

AREA(S) OF FACILITY REQUESTED

- Board Room, Gymnasium, Auditorium/Stage, All-Purpose Room, Dining Room (No kitchen), Kitchen (No cooking/washing), Kitchen (Food Preparation), Classroom #, Computer Lab, Practice Field (specify), Roaring Spring Athletic Field (with Fieldhouse/No lights), Roaring Spring Athletic Field (with Fieldhouse & Lights), Roaring Spring Athletic Field Concession Stand, Other Outdoor Area (specify), Other (specify)

EQUIPMENT REQUESTED (*must be operated/attended by district-approved personnel - see Policy #707 Attachment A - Fee Schedule)

- Kitchen Equipment *, Sound System *, Stage Lighting *, Mic (wireless or floor) *, White Board *, Projector *, Computers (in labs) *, TV/VCR/DVD, Scoreboard *, Tables (specify #), Chairs (specify #), Other (specify)

THE DISTRICT WILL DETERMINE THE PERSONNEL (EX. CUSTODIAN, SECURITY) REQUIRED FOR THE EVENT/ACTIVITY. YOUR ORGANIZATION WILL BE SUBJECT TO FEES FOR ALL DIRECT COSTS. A FEE WILL ALSO BE ASSESSED FOR USE OF THE LIGHTS AT THE ROARING SPRING ATHLETIC FIELD, IF APPLICABLE. (see Policy #707 Attachment A - Fee Schedule)

THE DISTRICT RESERVES THE RIGHT TO REQUIRE LIABILITY OR SPECIAL EVENT INSURANCE FOR ANY ACTIVITY NOT COVERED BY SCSD INSURANCE.

List at least two responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to school district regulations by all persons in attendance. (Please print legibly.)

NAME _____ PHONE _____ E-MAIL: _____
ADDRESS _____

NAME _____ PHONE _____ E-MAIL: _____
ADDRESS _____

I have read the rules, administrative regulations and Board policy on Use of School Facilities, and I understand that these are a condition of the lease; and I understand that when the application is properly approved, it is a lease, in fact. I understand that failure to abide by the rules, administrative regulations and Board policy on Use of School Facilities will result in the immediate discontinuance of use privileges. In addition, our organization agrees to pay the full cost of any damage caused by our group to any of the district's facilities, as well as any cost incurred by the district to bring any facility back to the condition in which it was found.

Furthermore, my organization forever releases the district, its Board of Education, agents, employees and servants from all claims, actions and charges whatsoever arising out of the event(s) conducted on the above-mentioned day(s) for which this application is being submitted. My organization will defend all actions, suits, complaints or legal proceedings of any kind brought against the Board of Education and any of its agents, servants, or employees and further will hold harmless and indemnify the said Board and district from any expense and judgments or decrees recovered against them as a result of said use of these facilities.

Signature of Renter (Responsible Organization Official)	Date	
Mailing Address		
Home Phone	Work Phone	Cell Phone
E-Mail Address		

APPROVALS:

Signature of Responsible Administrator	Date
Signature of Business Manager	Date

COPIES TO:

_____ Superintendent	_____ Building Principal	_____ Supervisor of Maintenance	_____ General Manager, Food Services
_____ Business Manager	_____ Athletic Director	_____ Head Custodian	_____ Other _____

Date Sent: _____ Notifications Sent By: _____

For District Use Only: Category B

Facility Rental Fee	\$ _____	
Personnel	\$ _____	Date Billed: _____
Equipment	\$ _____	
Other Direct Costs	\$ _____	Date Full Payment Received _____
TOTAL FEE	\$ _____	