

Hempfield Area School District Request / Permit Use of School Facilities

Please complete all information possible on form. Incomplete forms may be rejected.

School: _____ Area/Room Needed: _____

Dates: _____ Day(s) of Week: _____

Hours: From: _____ AM/PM To: _____ AM/PM Setup times (if applicable) _____

Activity: _____

Complete Name of Group

(please include troop # if applicable)

Individual Responsible Name: _____ Title: _____

Contact Address (*street, city and zip code required*): _____

Is contact address the billing address? YES if NO enter here: _____

Phone: _____ (Day) _____ (Evening) Fax: _____

Cell: _____ Email (please provide) _____

Type of Group: School group or club: Parents' or Booster club
 check here if this is your yearly fundraiser/tournament
 Hempfield Twp Municipal or Westmoreland Cty Governmental Org.
 Non-Profit/Non-School related Private or For Profit Organization

Insurance certificate has been filed? NO YES - Enter insurance number: _____

If NO insurance, has waiver been signed and filed? NO YES Notes: _____

Estimated number of people attending/participating in event: _____

If fees or admission will be charged, list amount & purpose: _____

Equipment/Services Requested (check all the apply) (*include number needed):

- | | | |
|--|---|--|
| <input type="checkbox"/> *Tables _____ | <input type="checkbox"/> *Microphone(s) _____ | <input type="checkbox"/> *Security Guard _____ |
| <input type="checkbox"/> *Chairs _____ | <input type="checkbox"/> AV (Sound/Lighting) | <input type="checkbox"/> *Police _____ |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Risers | <input type="checkbox"/> Stadium Lighting | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> LCS Projector (approval required) | | |

Individual Responsible: _____ Date: _____

Head Varsity Coach: (if _____ Date: _____

District Use Only

Entered into FSDirect by: _____ Date: _____