

Date Received:

# BERWICK AREA SCHOOL DISTRICT

## Application for Use of Facilities

### APPLICANT INFORMATION

Date	Contact Name
Organization	Address
Telephone	
Email Address	

<b>Facility Requested</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Auditorium	<input type="checkbox"/> General Classroom: Room # _____
	<input type="checkbox"/> Middle School	<input type="checkbox"/> Natatorium	<input type="checkbox"/> Specialized Classroom: Room # _____
	<input type="checkbox"/> West Berwick Elementary	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Athletic Field(s) _____
	<input type="checkbox"/> Salem Elementary	<input type="checkbox"/> Library	<input type="checkbox"/> Athletic Stadium
	<input type="checkbox"/> Nescopeck Elementary	<input type="checkbox"/> Gymnasium	<input type="radio"/> Without lights
	<input type="checkbox"/> Line Street Board Room	<input type="radio"/> Varsity	<input type="radio"/> With Lights
	<input type="checkbox"/> Other (please specify)		

Date Desired	Time From	(am/pm)	Until	(am/pm)
Estimated Total Attendance	# of Adults		# of Children (under 18)	
Will an admission fee be charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please specify the amount to be charged		\$

Purpose for Request \_\_\_\_\_

If project is a charity or of a civic nature, please explain in detail \_\_\_\_\_

Additional technology and specialized equipment needed \_\_\_\_\_

Checks or money orders can be made payable to Berwick Area School District and sent to:  
Business Manager, Berwick Area School District, 500 Line Street, Berwick, PA 18603

**Terms & Conditions:** Policy #707. The Use of School Facilities policy can be found on the Berwick Area School District website: [www.berwick.org](http://www.berwick.org). A printed version shall be made available upon request.

**Applicant Name (please print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

***Please attach your Certificate of Insurance to this application.***

### ADMINISTRATIVE USE ONLY

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended			
Number of Security Required	Hours	Number of Custodial Staff	Hours
Signature of Principal			Date

### BUSINESS OFFICE

<b>Organization</b>	Facility Fee		<input type="checkbox"/> Approved
<input type="checkbox"/> Group A	Security Rate	Total	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Group B	Custodial Rate	Cost	
<input type="checkbox"/> Group C			

Signature of Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Event Planner	<input type="checkbox"/> Green	<input type="checkbox"/> Copy	<input type="checkbox"/> Invoice	<input type="checkbox"/> Applicant Notification
<input type="checkbox"/> Cert. of Insurance		<input type="checkbox"/> Bingo License		<input type="checkbox"/> Small Games of Chance License
<input type="radio"/> Needed	<input type="radio"/> Received	<input type="radio"/> Needed	<input type="radio"/> Received	<input type="radio"/> Needed <input type="radio"/> Received