

Please email completed application to amanda.sibole@dallastown.net
or mail to: Amanda Sibole

707-AR. ATTACHMENT C

Dallastown Area School District
District Office Receptionist/Facility Rentals
700 New School Lane
Dallastown, PA 17313-9242



Application for Use of School Facilities

(All information must be completed to process application)

NAME OF PERSON SUBMITTING APPLICATION: _____

NAME OF ORGANIZATION BEING REPRESENTED BY APPLICANT (if applicable): _____
(If Applicant is an individual, please indicate. If Applicant is applying on behalf of an Organization, provide complete name of Organization and date of incorporation or establishment of entity)

ADDRESS OF PERSON SUBMITTING APPLICATION: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT TELEPHONE/CELL NUMBER: _____

APPLICANT EMAIL ADDRESS: _____

If applying on behalf of an Organization and the Organization's contact information is different than Applicant, provide:

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ORGANIZATION TELEPHONE: _____

TYPE OF ACTIVITY/EVENT NAME: _____

FACILITY(IES) REQUESTED: _____

DATE(S) REQUESTED: _____ TIME NEEDED: _____ TO: _____

DATE(S) FOR SET-UP/REHEARSAL: _____ TIME NEEDED: _____ TO: _____

EXPECTED PARTICIPANTS: _____

Are more than seventy (70%) percent of participants Dallastown residents? YES NO

USE OF PROCEEDS FROM ACTIVITY/EVENT: _____

Check any related services required during Activity/Event:

Custodial Staff: TIME NEEDED: _____ TO: _____

Security Staff: TIME NEEDED: _____ TO: _____

AV Needs: Microphone Podium Screen Projector Other (please list): _____

Doors: Door # _____ Unlock at: _____ Lock at: _____

Activity/Event Set-Up (Be specific—include needs, locations, and times): _____

Refrigerators Score Board Restrooms Lifeguards Other (please list): _____

Will Outside Vendors be attending your Activity/Event? No Yes – COIs REQUIRED

Are the expected participants under age 18? YES NO

- If yes, I have verified that all Employees or Volunteers for this Activity/Event who will care, supervise, guide, control or have routine interaction with children have **current background checks no more than one year from Date of Activity/Event**, including PA State Police Criminal Check, PA Child Abuse History, and FBI Clearance or FBI Clearance Exemption (if applicable), as required by [Administrative Regulations](#), and those individual background checks reflect no evidence of prior crimes, child abuse or other activities that would deem these individuals unfit to participate.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE

NAME OF INSURANCE CARRIER: _____

A Certificate of Insurance, *naming the Dallastown Area School District as an additional insured*, must be obtained and provided no later than seven days prior to the event or your Activity/Event will be canceled. If Outside Vendors will be attending your Activity/Event, a copy of their Certificate of Insurance is also required.

I, _____, HERBY CERTIFY THAT I HAVE I WILL SECURE A SIGNED GENERAL RELEASE AND WAIVER OF LIABILITY FORM FOR EACH PARTICIPANT.

SIGNATURE OF APPLICANT

Applicant agrees to abide by Dallastown Area School District [Policy 707](#), related [Administrative Regulations](#), and procedures adopted under it when using the school facilities requested. Further, Applicant agrees to pay all charges applicable to the use of the school facilities. Applicant understands and agrees that this Application and the documents referenced above are legally binding. Applicant represents that all information set forth herein has been reviewed and is determined to be complete and accurate in all respects.

PRINTED NAME OF APPLICANT OR REPRESENTATIVE

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE

**Application and Waiver, if applicable, must be signed before Application can be processed*

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(For District Use Only)

DATE OF RECEIPT OF APPLICATION: _____ Initials of Recipient _____

CATEGORY OF APPLICANT: 1 2 3 4

RENTAL COST (Rental Fee plus Personnel, Security, and Custodial Costs): _____

IF APPLICANT IS NOT A RECOGNIZED PARENT/TEACHER ORGANIZATION, BOOSTER CLUB OR ANY OTHER SCHOOL AFFILIATED ORGANIZATION (SAO) PER BOARD POLICY 915, HAS PROOF OF INSURANCE BEEN RECEIVED?

YES NO N/A

General Aggregate Limit: (\$3,000,000.00 minimum): YES NO

Each Occurrence Limit: (\$1,000,000.00 minimum): YES NO

Dallastown Area School District Named as Additional Insured: YES NO

WILL RENTAL REQUIRE CARE, SUPERVISION, GUIDANCE, CONTROL OR INTERACTION WITH CHILDREN? YES NO

IF YES, THE SUBMISSION OF THE FOLLOWING SHOULD OCCUR:

VERIFICATION OF ABUSE AND MOLESTATION COVERAGE

LIST OF EMPLOYEES OR VOLUNTEERS

PROOF OF BACKGROUND CHECKS, IF REQUESTED

Revised 06/22/2022