

**APPLICATION FOR USE OF SCHOOL FACILITIES**

*Please complete this form, be as detailed as possible and return to the attention of the Business Administrator*

Date of Application \_\_\_\_\_

Name of Organization or Individual \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address of Applicant or Billing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Building Requested \_\_\_\_\_ Room(s) Requested \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Set-Up Time \_\_\_\_\_ Break-Down Time \_\_\_\_\_ Beginning Time of Event \_\_\_\_\_ Ending Time of Event \_\_\_\_\_

Type of Event \_\_\_\_\_ How many will attend the event? \_\_\_\_\_

Describe the event \_\_\_\_\_

Will admission be charged? Yes \_\_\_\_\_ Cost \_\_\_\_\_ No \_\_\_\_\_

Check the equipment to be provided by Pottstown School District:

\_\_\_\_\_ PA System \_\_\_\_\_ AV Equipment \_\_\_\_\_ Tables How Many?

\_\_\_\_\_ Microphone \_\_\_\_\_ Athletic Equipment \_\_\_\_\_ Chairs How Many?

\_\_\_\_\_ Stage Lighting \_\_\_\_\_ Scoreboard

**Please describe the set up of chairs & tables and any other detailed requests** \_\_\_\_\_

**Signature of Applicant (Organization Official)**

By signing this application, the person whose signature appears below signifies that he or she is responsible for the group, will see that the buildings are not misused, that groups have proper adult supervision, and that the buildings and grounds are used in conformity with the rules and regulations of the board of education. It is also hereby understood that school activities have priority for the use of the buildings and facilities.

TO BE COMPLETED BY THE BUSINESS OFFICE

Enter FS Direct \_\_\_\_\_

Building Approval \_\_\_\_\_  
*Principal*

\_\_\_\_\_ Date

Administration Approval \_\_\_\_\_  
*Business Administrator*

\_\_\_\_\_ Date