

**POTTSTOWN SCHOOL DISTRICT**  
**230 BEECH STREET, POTTSTOWN, PA 19464**  
**Phone: 610-323-8200 Fax: 610-326-6540**  
**APPLICATION FOR USE OF SCHOOL FACILITIES**

*Please complete this form, be as detailed as possible and return one copy to the above address, attention Mrs. Linda S. Adams, 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? \_\_\_\_\_

If the event is a production, how many will be involved during rehearsals, practices, etc. \_\_\_\_\_

Briefly 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:**

Rental Fee (Class)    A \_\_\_\_\_    B \_\_\_\_\_    C \_\_\_\_\_    D \_\_\_\_\_    Rental Fee \$ \_\_\_\_\_

**Hourly Rates:**

_____ Hours X \$27 = \$ _____	Cafeteria Worker - \$27	_____ Hours X \$29 = \$ _____	Ground Crew - \$29
_____ Hours X \$29 = \$ _____	Custodian - \$29	_____ Hours X \$38 = \$ _____	Maintenance - \$38

\_\_\_\_\_ Security required (to be billed by Pottstown Police Department)

\_\_\_\_\_ Stage Crew required (to be billed by Stage Manager)

Called building  
for room approval

Initial & date \_\_\_\_\_  Enter FS Direct

Approved by: \_\_\_\_\_

Linda S. Adams, Business Administrator

Date \_\_\_\_\_