

POCONO MOUNTAIN SCHOOL DISTRICT APPLICATION FOR USE OF DISTRICT FACILITIES

Date: _____ Contact Email: _____

Name of Organization: _____

Name of Contact: _____ Telephone #: _____

Address: _____ Home/Business: _____

Facilities Requested: _____ School: _____

Dates and Days Requested: _____

Times Requested: _____ AM/PM to _____ AM/PM

Purpose of Facilities Usage: _____

of Persons Attending: _____ # of Persons Supervising Activity/Event: _____

Age of Participants: _____

Participants are: District Residents

Out-of-District Residents

Combination of District and Out-of-District Residents

Equipment Requested:

Tables/Chairs Type/Quantity: _____

Kitchen Equipment Type/Quantity: _____

Other Equipment Type/Quantity: _____

Requested District Personnel:

Custodian Yes No Number Requested _____

Food Service Yes No Number Requested _____

Security Yes No Number Requested _____

_____ Yes No Number Requested _____

Non-Profit Status: Yes No

Local/State/National Affiliations: _____

Updated Staff Criminal History Checks/Clearances on file with District: Yes No

Concessions: Food/Non-Food Items: _____

Registration Fees/Entry Fees/Ticket Sales: _____

Attach Insurance Certificate naming Pocono Mountain School District as additional insured: _____

Signature of Applicant: _____

Title: _____

Do Not Write Below This Line – Administration Only

SCHEDULE ID # _____

All requests for the use of athletic fields, facilities and/or equipment must be reviewed by the Athletic Director prior to review by the Principal or Assistant Principal.

Athletic Director: _____ Approved: Disapproved:

Athletic Director Signature: _____

Reason for Disapproval: _____

Principal/Assistant Principal: _____ Approved: Disapproved:

Principal/Assistant Principal Signature: _____

Reason for Disapproval: _____

School Board Approval Date: _____ Approved: Disapproved:

Board Secretary Signature: _____

Reason for Disapproval: _____