

Cranberry Area School District Facility Usage Request

Please Complete Sections, 1, 2 & 3 (Please Print)

Section 1. Contact Information

Name of Group: _____ Today's Date: _____
 Contact Name: _____ Contact Phone: _____
 Contact Address: _____ Contact Email: _____
 City: _____ State: _____ Zip: _____

Section 2. Building/Facility Information

Building or Facility Requested: _____ Purpose: _____
 Estimated # attending: _____

Date(s) Facility Needed

OFFICE USE: _____ Calendar Approval

From: M/D/Y _____ To: M/D/Y _____
 Time - Begin Use: _____ am pm Time - End Use: _____ am pm

<u>Auditorium</u>	<u>Gymnasium/Multi Purpose</u>	<u>Kitchen</u>	<u>Other</u>
<input type="checkbox"/> Screen <input type="checkbox"/> Audio System # of mics needed _____ <input type="checkbox"/> Lectern <input type="checkbox"/> Stage Risers <input type="checkbox"/> Stage seating <input type="checkbox"/> Tables <input type="checkbox"/> Other	<input type="checkbox"/> Audio System <input type="checkbox"/> Main Gym <input type="checkbox"/> Upper Gym <input type="checkbox"/> Elem Gym Locker Room(s) <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Other	<input type="checkbox"/> Kitchen Access <input type="checkbox"/> Kitchen Equip. Needed _____ <input type="checkbox"/> Catering Needed <input type="checkbox"/> Other Supplies Needed	<input type="checkbox"/> Library <input type="checkbox"/> Classroom(s) # of rooms needed _____ <input type="checkbox"/> HS Commons <input type="checkbox"/> Cranberry Court at Elementary <input type="checkbox"/> Outdoor Area (please specify) _____ <input type="checkbox"/> Other _____

Please specify below, any additional items needed, i.e. cafeteria tables, chairs, etc. _____

Section 3. Classification of Group

- A. Cranberry Area School District Organization B. Cranberry Area School District Related Organization
 C. Cranberry Area School District Non Related Organization D. Non Cranberry Area School District Organization

- *I/We will be responsible for all damages to the Cranberry Area School District's, and any other property, including loss of any school equipment, beyond normal wear and tear, and for any personal injuries occurring during the use of the School District's facilities, and will indemnify and hold the District harmless, unless damages, equipment losses, or personal injuries are due to the District's negligence.*

_____ Copy of \$1,000,000 (minimum) Liability Policy Attached. (Only Required for Non-School Group)
 Business Office Approval

 Authorized Representative Signature (Facility User) Position

PLEASE RETURN COMPLETED FORM TO BUILDING PRINCIPAL

Section 4. Estimated Facility Fees (to be completed by the building administrator)

Note: TOTAL facility charges to be invoiced by the District Office.

Cafeteria Charges \$ _____ Custodial Charges \$ _____ Security Charges \$ _____
 Facility Charges \$ _____ Stage Charges \$ _____ Other Charges \$ _____
 Estimated Total Charges: \$ _____

Administrator Approval: _____ Date: _____

****BUSINESS OFFICE USE ONLY****

Date: _____ Amount Paid: _____ Payment Type: _____ Rec'd By: _____
 Copies to: Business Manager Principal Supervisor Building & Grounds Facility User
 Others on as needed basis: Kitchen Manager Audio Visual Person Athletic Director