

Please email completed application to [ashley.spector@dallastown.net](mailto:ashley.spector@dallastown.net) or mail to:

Dallastown Area School District  
Buildings & Grounds Office  
700 New School Lane  
Dallastown, PA 17313-9242

## Application for Use of School Facilities

All information must be completed for your application to be processed.

**\*NAME OF PERSON SUBMITTING APPLICATION:** \_\_\_\_\_

**\*NAME OF ORGANIZATION BEING REPRESENTED BY APPLICANT (if any):**

\_\_\_\_\_  
(If the Applicant is an individual, please so note. If the Applicant is an organization, then please provide the full name of the organization, date of incorporation or establishment of entity.)

**ADDRESS OF PERSON SUBMITTING APPLICATION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**\*TELEPHONE NUMBERS:** (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

**\*EMAIL ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

If the person is applying on behalf of an organization, and the organization's contact information is different than that set forth above, please provide it below.

**ADDRESS OF ORGANIZATION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBERS:** (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**\*FACILITY REQUESTED:** \_\_\_\_\_

**\*DATE(S) REQUESTED:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**\*DATE(S) FOR REHEARSAL:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXPECTED PARTICIPANTS:** \_\_\_\_\_

Are more than seventy (70%) percent of participants Dallastown residents:    \_\_\_ YES    \_\_\_ NO

**\*TYPE OF ACTIVITY:** \_\_\_\_\_

**USE OF PROCEEDS:** \_\_\_\_\_

**\*Check any of the related services necessary or requested during the rental:**

- Custodial staff: times needed** \_\_\_\_\_ **to** \_\_\_\_\_
- Security staff: times needed** \_\_\_\_\_ **to** \_\_\_\_\_
- AV needs:** \_\_\_\_\_
- Doors: Door #** \_\_\_\_\_ **unlock at** \_\_\_\_\_ **locked at** \_\_\_\_\_
- Event Set-up (be specific include needs, locations and times):** \_\_\_\_\_

- refrigerators**     **score board**     **restrooms**     **life guards**
- other (please list):**

**Will any outside vendors be attending your event?**     **Yes**     **No**

Are the expected participants going to be children?  YES  NO

- If yes, I confirm that all employees or volunteers who will care, supervise, guide, control or have routine interaction with children have had their background checks (PA State Police, FBI or FBI Exemption (if applicable), Child Abuse Clearance Report) as required by the Administrative Regulations, and the background checks yielded no evidence of prior crimes, child abuse or other activities that would make those individuals unfit to be involved. Background checks must be no more than one year old.

\_\_\_\_\_  
Signature of applicant or organization 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 event will be canceled. If you will have any outside vendors attending your event we will also need a copy of their Certificate of Insurance.**

I \_\_\_\_\_ HERBY CERTIFY THAT  I HAVE  I WILL SECURED A SIGNED GENERAL  
PRINTED NAME OF APPLICANT  
RELEASE AND WAIVER OF LIABILITY FORM FOR EACH PARTICIPANT. \_\_\_\_\_  
SIGNATURE OF APPLICANT

The applicant agrees to abide by Dallastown Area School District Policy 707 the related administrative regulations and the procedures adopted under it when using the school facilities requested. Further, the applicant agrees to pay all charges applicable to the use of the school facilities. The applicant understands and agrees that this application and the documents referenced above are legally binding. The 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 ITS REPRESENTATIVE**

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT OR ITS REPRESENTATIVE**      **DATE**

\*\*Waiver section and application 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 \_\_\_\_\_

RENTAL COST (Rental Fee plus Personnel, Security and Cleaning Costs): \_\_\_\_\_

IF THE APPLICANT IS NOT A RECOGNIZED PARENT/TEACHER ORGANIZATION, BOOSTER CLUB OR ANY OTHER SCHOOL AFFILIATED ORGANIZATION (SAO) PER BOARD POLICY 915, THEN HAS PROOF OF INSURANCE BEEN RECEIVED?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

General Aggregate Limit: (\$2,000,000.00 minimum): \_\_\_\_\_ YES      \_\_\_\_\_ NO

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

Dallastown Area School District Named as Additional Insured: \_\_\_\_\_ YES      \_\_\_\_\_ NO

IF EMPLOYEES, THEN WORKERS COMPENSATION COVERAGE: \_\_\_\_\_ YES      \_\_\_\_\_ NO

DOES THE RENTAL REQUIRE THE CARE, SUPERVISION, GUIDANCE, CONTROL, OR ROUTINE INTERACTION WITH CHILDREN? \_\_\_\_\_ YES      \_\_\_\_\_ NO

IF YES, THE SUBMISSION OF THE FOLLOWING SHOULD OCCUR:

- VERIFICATION OF THE ABUSE AND MOLESTATION COVERAGE
- A LIST OF EMPLOYEES OR VOLUNTEERS
- PROOF OF BACKGROUND CHECKS - IF REQUESTED