

**NORTHERN YORK COUNTY SCHOOL DISTRICT**

**FACILITIES USE REQUEST FORM**

Before submitting this form, please call Carol Haak at 717-432-8691, x1100 to see if the date, time and location are available.

Return completed Application to Carol Haak at the Northern York County School District at 650 S. Baltimore Street, Dillsburg, PA 17019.

**RENTAL GUIDELINES**

1. Certificate of Insurance in the amount of \$1,000,000 must accompany Application in order to be processed.
2. Your event is subject to change according to School District needs.
3. Northern York County School District reserves the right to deny use of its facilities without giving any specific reason.
4. Your request will be given to the Board of School Directors for approval. Therefore, the request must be submitted (60) sixty days prior to the monthly Board of School Directors meeting.

**EVENT INFORMATION**

1. Type of event: \_\_\_\_\_

2. Building where event will be held: \_\_\_\_\_

*If this event does not require the use of any indoor facility, go to number 4.*

3. Location(s): \_\_\_\_\_

*Be specific: Cafeteria, Lobby, Room#, Gym, Kitchen, etc.*

4. Outdoor venue where event will take place: \_\_\_\_\_

5. Date(s): \_\_\_\_\_

6. Day(s) of the week: \_\_\_\_\_

7. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

8. Approximate number of people attending: \_\_\_\_\_

9. Number of chaperones attending: \_\_\_\_\_

10. Will admission be charged? YES NO How much? \_\_\_\_\_

11. Special equipment or needs request (AV equipment, ladder, extension cords, use of kitchen facilities or computer equipment).\_\_\_\_\_

\_\_\_\_\_

**REQUESTOR'S INFORMATION**

1. Name:\_\_\_\_\_

2. Street Address:\_\_\_\_\_

3. City:\_\_\_\_\_ Zip Code:\_\_\_\_\_

4. Home/Cell Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

5. Email address:\_\_\_\_\_

6. Club or Organization:\_\_\_\_\_

7. Are you a School District employee? YES NO

8. If yes, Building and Ext.:\_\_\_\_\_

9. Please provide us with any additional information: