Facilities Use Request Form

IROQUOIS SCHOOL DISTRICT
Erie, PA 16511

Application for Use of School Facilities by Organizations other than officially recognized School Organizations

Date(s) of Use Needed: _____ Day of Week: M T W TH F S SU

Facilities Requested at: ☐ Iroquois Jr.-Sr. High School ☐ Iroquois Elementary School

Area of Specific Facilities (cafeteria, gymnasium, etc.) _____

Nature of Activities: _____ Admission Charged? ☐ Yes ☐ No

Actual Event Start Time: _____ ☐A.M. ☐P.M. Set-up Start Time: _____ ☐A.M. ☐P.M.

Actual Event End Time: _____ ☐A.M. ☐P.M. Clean-up End Time: _____ ☐A.M. ☐P.M.

Estimated Number of Persons Expected: _____

If Special Services or equipment will be needed, please describe your needs below. (Example: custodian, food service employee, air-conditioning after normal school hours) _____

CONDITIONS OF APPLICATION: In making this application, it is understood and agreed that the provisions of the policies governing the use and rental of School District Facilities as adopted by the Board of Directors and the Rules and Regulations available in the office of the Building Principal or Designee. It is agreed that any fee to be paid in connection with the use of school facilities (together with evidence of insurance, if required) shall be due and payable five (5) business days following the event. Payment must be made at the District Administration Office located at 800 Tyndall Avenue, Erie, PA 16511.

The applicant hereby agrees and undertakes to save and hold harmless the School District, its officers, agents, and employees from any and all claims for damages, personal or otherwise, that may arise out of the use of said property, whether by a member of his/her organization or by other persons using or enjoying said property and without regard to whether the damage, personal or otherwise, is brought about or caused by negligence whether on the part of the applicant or the School District or both.

_____ _____ _____
Signature of Applicant Group/Organization Represented Date

Organization/Individual Requesting Space _____

Check One: ☐ Iroquois School District-Related Group ☐Public function ☐ Non-Profit Organization ☐ Other

Applicant Name: _____ Phone Number: _____

Mailing Address: _____
Street Address City State Zip

Evidence of Insurance: ☐Required ☐Not Required

_____ _____
Building Principal Approval Date

Cost for Use of Facilities:

Rental Fee: Area(s) being used: _____ $ _____

Custodian(s): _____ X _____ hrs. X $_____/hr. $_____

Technician(s): _____ X _____ hrs. X $_____/hr. $ _____

Other: _____ X _____ hrs. X $_____/hr. $ _____

Payment must be made at the Iroquois School District Administration Office, 800 Tyndall Avenue, Erie, PA 16511. A check or money order should be made payable to: Iroquois School District.

_____ _____
Superintendent Approval Date