

Please email completed application to rentals@dallastown.net
or mail to: ATTN: FACILITY RENTALS
Dallastown Area School District
700 New School Lane
Dallastown, PA 17313-9242

707-AR. ATTACHMENT F



Application for Waiver of Rental Fees

(All information must be completed to process application)

NAME OF PERSON SUBMITTING APPLICATION: _____

ADDRESS OF PERSON SUBMITTING APPLICATION: _____

CITY: _____ STATE: ____ ZIP: _____

APPLICANT TELEPHONE/CELL NUMBER: _____

APPLICANT EMAIL ADDRESS: _____

NAME OF ORGANIZATION BEING REPRESENTED BY APPLICANT (if applicable): _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

ORGANIZATION TELEPHONE: _____

RENTAL FACILITY/LOCATION	RENTAL DATE(S) REQUESTED	PROPOSED FEE(S) TO BE WAIVED

Reason(s) for Requesting Waiver of Rental Fees:

PRINTED NAME OF APPLICANT OR REPRESENTATIVE

DATE

SIGNATURE OF APPLICANT OR REPRESENTATIVE

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(For District Use Only)

DATE RECEIVED APPLICATION REQUESTING WAIVER: _____ Initials of Recipient _____

USER CATEGORY OF APPLICANT: 1 2 3 4

APPROVAL OF ASSISTANT SUPERINTENDENT: Fee Waiver APPROVED Fee Waiver DENIED

APPROVAL OF POLICY COMMITTEE CHAIRPERSON: Fee Waiver APPROVED Fee Waiver DENIED