

Please email completed application to [lori.hartman@dallastown.net](mailto:lori.hartman@dallastown.net)  
or mail to: Lori Hartman

707-AR. ATTACHMENT C

Dallastown Area School District  
Curriculum, Instruction, Assessments, Federal Programs & Facility Rentals  
700 New School Lane  
Dallastown, PA 17313-9242



## Application for Use of School Facilities

(All information must be completed to process application)

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

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

(If Applicant is an individual, please indicate. If Applicant is applying on behalf of an Organization, provide complete name of Organization and date of incorporation or establishment of entity)

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

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

APPLICANT TELEPHONE/CELL NUMBER: \_\_\_\_\_

APPLICANT EMAIL ADDRESS: \_\_\_\_\_

If applying on behalf of an Organization and the Organization's contact information is different than Applicant, provide:

ORGANIZATION ADDRESS: \_\_\_\_\_

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

ORGANIZATION TELEPHONE: \_\_\_\_\_

TYPE OF ACTIVITY/EVENT NAME: \_\_\_\_\_

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

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

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

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

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

USE OF PROCEEDS FROM ACTIVITY/EVENT: \_\_\_\_\_

Check any related services required during Activity/Event:

Custodial Staff: TIME NEEDED: \_\_\_\_\_ TO: \_\_\_\_\_

Security Staff: TIME NEEDED: \_\_\_\_\_ TO: \_\_\_\_\_

AV Needs:  Microphone  Podium  Screen  Projector  Other (please list): \_\_\_\_\_

Doors: Door # \_\_\_\_\_ Unlock at: \_\_\_\_\_ Lock at: \_\_\_\_\_

Activity/Event Set-Up (Be Specific—include needs, locations, and times): \_\_\_\_\_

Refrigerators  Score Board  Restrooms  Lifeguards  Other (please list): \_\_\_\_\_

Will Outside Vendors be attending your Activity/Event?  No  Yes – COIs REQUIRED

Are the expected participants under age 18?  YES  NO

- If yes, I have verified that all Employees or Volunteers for this Activity/Event who will care, supervise, guide, control or have routine interaction with children have **current background checks no more than one year from Date of Activity/Event**, including PA State Police Criminal Check, PA Child Abuse History, and FBI Clearance or FBI Clearance Exemption (if applicable), as required by [Administrative Regulations](#), and those individual background checks reflect no evidence of prior crimes, child abuse or other activities that would deem these individuals unfit to participate.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT OR 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 Activity/Event will be canceled. If Outside Vendors will be attending your Activity/Event, a copy of their Certificate of Insurance is also required.

I, \_\_\_\_\_, HERBY CERTIFY THAT  I HAVE  I WILL SECURE A SIGNED GENERAL RELEASE AND WAIVER OF LIABILITY FORM FOR EACH PARTICIPANT.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Applicant agrees to abide by Dallastown Area School District [Policy 707](#), related [Administrative Regulations](#), and procedures adopted under it when using the school facilities requested. Further, Applicant agrees to pay all charges applicable to the use of the school facilities. Applicant understands and agrees that this Application and the documents referenced above are legally binding. 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 REPRESENTATIVE**

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

\_\_\_\_\_  
**DATE**

*\*Application and Waiver, if applicable, 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:  1  2  3  4

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

IF APPLICANT IS NOT A RECOGNIZED PARENT/TEACHER ORGANIZATION, BOOSTER CLUB OR ANY OTHER SCHOOL AFFILIATED ORGANIZATION (SAO) PER BOARD POLICY 915, HAS PROOF OF INSURANCE BEEN RECEIVED?

YES  NO  N/A

General Aggregate Limit: (\$3,000,000.00 minimum):  YES  NO

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

Dallastown Area School District Named as Additional Insured:  YES  NO

WILL RENTAL REQUIRE CARE, SUPERVISION, GUIDANCE, CONTROL OR INTERACTION WITH CHILDREN?  YES  NO

IF YES, THE SUBMISSION OF THE FOLLOWING SHOULD OCCUR:

VERIFICATION OF ABUSE AND MOLESTATION COVERAGE

LIST OF EMPLOYEES OR VOLUNTEERS

PROOF OF BACKGROUND CHECKS, IF REQUESTED