

APPLICATION
USE OF SCHOOL FACILITIES
HARMONY TOWNSHIP BOARD OF EDUCATION

NAME OF ORGANIZATION _____ DATE _____

ADDRESS _____

DATE(S) REQUESTED _____ PURPOSE _____

TIME: From _____ to _____ Number of people to use facilities _____

FACILITIES DESIRED

____ All Purpose Room
____ Kitchen
____ Classroom(s)
____ Restrooms
____ Library
____ Stage
____ Front Lobby
____ Back Lobby

EQUIPMENT DESIRED

____ Chairs - # Needed _____
____ Microphone
____ Piano
____ Table(s) - # Needed _____

SCHOOL EQUIPMENT NEEDED

LIABILITY INSURANCE _____ POLICY# _____

The applicant has read, understands and accepts all conditions set forth under Board of Education Policy #1330 – USE OF SCHOOL FACILITIES

Signature of Organization Representative

Mailing Address

Telephone Number

Chief School Administrator's Recommendation

Signature – Chief School Administrator

____ Approved
____ Unapproved
____ No Fee
____ Amount of Fee

Copies to: _____ File
 _____ Organization
 _____ Custodian

Please be aware that our Automated External Defibrillator (AED) device is located on the wall near the Main Office and All-Purpose Room. Your signature above acts as acknowledgement of the location.