

**POCONO MOUNTAIN SCHOOL DISTRICT
APPLICATION FOR USE OF DISTRICT FACILITIES/PROPERTY**

Date: _____ Contact email: _____

Name of Organization/Individual: _____

Name of Contact: _____ Telephone#: _____

Address: _____ Home/Business: _____

Facilities/Property Requested: _____ School: _____

Dates/Days Requested: _____

Time Requested: _____ AM/PM to _____ AM/PM

Purpose of Facilities/Property Usage: _____

of Persons Attending: _____ # of Persons Supervising Activity/Event: _____

Age of Participants: _____

Participants are: District Residents/Out-of-District Residents/Combination

Equipment Requested:

Tables/Chairs #: _____

Kitchen Equipment Type/#: _____

Other Equipment Type/#: _____

Requested District Personnel:

Custodians Yes ☐ No ☐

Security Yes ☐ No ☐

Cafeteria Assistants Yes ☐ No ☐

Local/State/National Affiliations: _____

Staff Criminal History Checks/Clearances Available: Yes ☐ No ☐

Concessions: Food/Non-Food Items: _____

Registration Fees/Entry Fees/Ticket Sales: _____

Insurance Information: _____

(Attach Copy of Insurance Certificate)

Signature of Applicant: _____ Title: _____ Date: _____

Do Not Write Below This Line – Administration Only

All requests for the use of athletic fields, facilities and/or equipment must be reviewed by the Athletic Director prior to review by the Principal (or Designee)

Athletic Director: _____ **Approved:** ☐ **Disapproved:** ☐

Athletic Director Signature: _____ **Reason for Disapproval:** _____

Principal: _____ **Approved:** ☐ **Disapproved:** ☐

Principal Signature: _____ **Reason for Disapproval:** _____

School Board: _____ **Approved:** ☐ **Disapproved:** ☐

Secretary Signature: _____ **Reason for Disapproval:** _____

Priority Group Designation: _____

Prepayment Deposit Required: _____ **Amount Due (Paid within ten (10) days of approval:** _____

Total Payment: (Paid within ten (10) days after the event/activity concludes) _____

District Personnel Required: _____

Custodian on Duty: _____ **Hours:** _____

Comments: _____

Security on Duty: _____ **Hours:** _____

Comments: _____

Cafeteria Staff: _____ **Hours:** _____

Comments: _____

Concession Sales: District-Sponsored Organization: _____

Advisor/Coordinator: _____

Principal: _____

Comments: _____
