

**PALMYRA AREA SCHOOL DISTRICT
Application and Permit for use of the School Building**

Date: _____

To the Board of School Directors:

The undersigned hereby make application on behalf of _____
for permission to use the _____
from _____ to _____ (Time AM/PM) on _____.
Day of week _____ Total number of hours _____

The request is being made by applicant for the purpose of : _____.

Admission will / will not be charged _____ Group Classification (I-V) _____

Approximant number or participant's _____ Percentage of PASD resident's _____
If claiming more than 75% a roster is to be attached

Name of person making request: _____

Contact information: _____ () _____
Applicant MUST be a resident of PASD to qualify for Group II – V.

Name of Supervisor that will be providing on-site supervision. _____

It is required that the renter acquire liability insurance for the activity, proof of insurance and required rental fee (if applicable) is due at time of request. to reimburse and/or hold harmless the school district, its board of directors, and the members, agents and employees thereof from any such loss, damage or claim, including, but not limited to, its or their attorneys' fees."

For safety we require that NO doors are propped open.

- **Propping of doors will result in immediate removal of group from facility.**

PASD STAFF REQUIRED

_____ Custodian _____ Food Service Employee _____ Stage Manager _____ Admin

_____ Applicant _____ Date _____ Business Manager / Designee _____ Date

- **In the event of inclement weather refer to the Building Usage Hotline – (717) 838-2831 on the availability of the building. In the event that there is no school or an early dismissal there will be no building rentals.**
- **The PASD will not be liable for any monetary loss due to the closure of facility in the case of inclement weather or building emergency.**

Office Use Only

_____ Proof of Insurance	_____ Rental Fee (if applicable)
_____ Availability Verified	_____ EIT Verified Group Classification _____
_____ Date placed on Calendar	_____ Confirmation to applicant
_____ Total Due from applicant	_____ Date payment received

copies: Applicant Custodian Facility Manager Approval to Applicant