

COUNCIL ROCK SCHOOL DISTRICT - MAINTENANCE DEPARTMENT  
 301 TWINING FORD ROAD, RICHBORO, PA 18954-1897  
 215-944-2906 / FAX - 215-942-4653

**APPLICATION FOR TEMPORARY USE OF SCHOOL FACILITIES**

REQUESTING ORGANIZATION: \_\_\_\_\_

**FACILITY REQUESTED:**

- |   |  |
|---|--|
| <input type="checkbox"/> CHANCELLOR CENTER      | <input type="checkbox"/> HILLCREST ELEMENTARY        |
| <input type="checkbox"/> CRHS NORTH             | <input type="checkbox"/> HOLLAND ELEMENTARY          |
| <input type="checkbox"/> CRHS SOUTH             | <input type="checkbox"/> MAUREEN M. WELCH ELEMENTARY |
| <input type="checkbox"/> HOLLAND MIDDLE         | <input type="checkbox"/> NEWTOWN ELEMENTARY          |
| <input type="checkbox"/> NEWTOWN MIDDLE         | <input type="checkbox"/> RICHBORO ELEMENTARY         |
| <input type="checkbox"/> FORMER RICHBORO MIDDLE | <input type="checkbox"/> ROLLING HILLS ELEMENTARY    |
| <input type="checkbox"/> CHURCHVILLE ELEMENTARY | <input type="checkbox"/> SOL FEINSTONE ELEMENTARY    |
| <input type="checkbox"/> GOODNOE ELEMENTARY     | <input type="checkbox"/> WRIGHTSTOWN ELEMENTARY      |
|   | <input type="checkbox"/> CR STAR CENTER              |

PURPOSE: \_\_\_\_\_

DATE (S) REQUESTED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EXCEPTIONS: \_\_\_\_\_

ARRIVAL TIME (INCLUDE SET-UP TIME): \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ (INCLUDE CLEAN UP TIME): \_\_\_\_\_

DAYS: SUN MON TUE WED THU FRI SAT (CIRCLE DAYS)

**ROOM REQUESTED:**

- |                                    |                                      |  |   |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> GYMNASIUM | <input type="checkbox"/> LIBRARY     | <input type="checkbox"/> CLASSROOM       | <input type="checkbox"/> AUDITORIUM           |
| <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> ART ROOM    | <input type="checkbox"/> ATHLETIC FIELDS | <input type="checkbox"/> SYNTHETIC TURF FIELD |
| <input type="checkbox"/> KITCHEN   | <input type="checkbox"/> OTHER _____ |  |   |

**EQUIPMENT REQUESTED**

- |                                      |   |                                      |                                      |
|--------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> MICROPHONE  | <input type="checkbox"/> STAGE LIGHTING | <input type="checkbox"/> LAPTOP CART | <input type="checkbox"/> SOUND BOARD |
| <input type="checkbox"/> OTHER _____ |   |                                      |                                      |

TOTAL # OF SPECTATORS: \_\_\_\_\_ TOTAL # OF PARTICIPANTS INVOLVED IN EVENT: \_\_\_\_\_

DONATION OR ADMISSION FEE: YES  NO  IF YES, HOW MUCH IS FEE: \_\_\_\_\_

The user agrees that the \_\_\_\_\_ (Organization) will indemnify, defend and hold harmless the Council Rock School District from any and all claims for personal injury or property damage suffered, incurred, or in any way connected with or arising from the applicant's use of the facilities listed above, whether such claims are due or alleged to be due to the negligence of the Council Rock School District, the applicant, or any other person or entity or due to any other cause, including but not limited to COVID-19. Organization agrees to abide by and enforce all rules, regulations and policies of the Council Rock School District. Organization shall provide a certificate of insurance evidencing coverage in accordance with District Policy 707 – Use of School Facilities, to include general liability coverage with minimum limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate naming the Council Rock School District as additional insured on a primary and noncontributory basis. I understand that the RENTAL FEE OF \$ \_\_\_\_\_ will be paid in full with this application and that additional costs associated with the use of the facility will be billed following the use and that I am to pay those costs within ten (10) days of the invoice date.

\_\_\_\_\_  
 Authorized Representative – PLEASE PRINT

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Telephone #

\_\_\_\_\_  
 Name of On-Site Representative

X \_\_\_\_\_  
 Signature of Authorized Representative

**Note: Certificate of Insurance is required if approved**

**For District Use Only:**

CERTIFICATE OF INSURANCE: ACCEPTED  DECLINED  NOT REQUIRED

X \_\_\_\_\_  
 Signature of Building Representative Date

X \_\_\_\_\_  
 Signature of District Representative Date