

CENTRAL BUCKS SCHOOL DISTRICT

2017-2018 FACILITY USE REQUEST FORM

Return To: Main Office of Requested Building

Inclement Weather Hotline (267) 893-4020 (Option #5)

Fill in top section of this form and return to the building you are requesting to use. Faxed applications will NOT be accepted. Signing this form certifies that you have read the regulations on the opposite side and agree to abide by all school district rules. You do NOT have final approval for facility use until you receive a copy of this form signed by both the school and the Operations Department and have submitted a proper Insurance Certificate. **CANCELLATIONS MUST BE RECEIVED VIA E-MAIL (lisernia@cbsd.org) 48 hours in advance.**

SCHOOL REQUESTED:

Rooms Requested:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Main Gym | <input type="checkbox"/> Band Room |
| <input type="checkbox"/> Aux Gym | <input type="checkbox"/> Chorus Room |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Pool |
| <input type="checkbox"/> All-Purpose Room/LGI | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Classroom(s) How many? _____ | |
| <input type="checkbox"/> Library | <input type="checkbox"/> Track |
| <input type="checkbox"/> Lobby/hall | <input type="checkbox"/> Fields |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Turf |

High School & Middle School Auditorium Use Only:

- Sound & Lighting Tech yes _____ no _____
- Projector/Screen
- Pit Cover remove/install (CB South only- \$1,500 charge)

Time of arrival _____

Time of departure _____

Special Notes/Requests _____

I have read the Facility Use regulations on the opposite side and agree on behalf of my group that we will abide by them.

(Signature)

(Date)

REGULATIONS AND FEE SCHEDULE ON REVERSE SIDE

CBSD USE ONLY: Special Conditions of Use (ex no play dates)

Group Name:

Billing Name & Address

Contact Cell #

Billing Email Address: Invoices will be e-mailed

*****CBSD EVENTS ONLY**

Name of person supervising: _____

Cell #:

Type of Event or Program (meeting, basketball, etc.)

Number of Participants:

LIST SPECIFIC - Dates & Times:

Certificate of insurance must state personal and property liability coverage of at least \$1,000,000 and must name the Central Bucks School District as an ADDITIONAL INSURED. Final approval of facility use is contingent on the receipt of a correct and current Certificate of Insurance.

Building Principal Approval:

(Signature)

(Date)

Operations - Central Office Approval:

(Signature)

(Date)

Reservation # _____ by _____