## Conneaut School District Utilization of School Facilities Form

## **SECTION I**

Section I to be completed by person requesting utilization of school facilities. Name of Organization: \_\_\_\_\_ Officer or Individual Responsible: Address: Phone Number: Please select the class that best describes your organization: See attached School Board Policy for additional information School District Non-Profit CSD Profit or Non-CSD Tournament/ \_\_Class A Related \_\_\_\_Class B Resident Organization \_\_\_\_Class C&D Resident Organization \_\_\_\_Class E Playoff Which facility does your organization wish to use? \_\_\_\_Conneaut Lake Elem \_\_\_\_\_Conneaut Lake MS \_\_\_\_\_Conneaut Valley Elem \_\_\_\_\_Conneaut Valley MS \_\_\_\_\_Conneaut Area Senior High \_\_\_\_\_Alice Schafer Annex Athletic Fields Facility to be used for: Date(s) desired Number of participants Will funds be raised at this event?\_\_\_\_\_ Yes \_\_\_\_\_ No Entrance fee charged \_\_\_\_\_\_ Will games of chance be conducted? \_\_\_\_\_ Yes \_\_\_\_ No Set Up \_\_\_\_\_AM/PM Start\_\_\_\_\_AM/PM Clean Up \_\_\_\_\_ AM/PM Total Hours \_\_\_\_\_ Specific area(s) needed for this request: Auditorium Library Gymnasium Football Field Kitchen Computer Lab Cafeteria \_\_\_\_\_Conference Rm Concession Stand Classroom (Room # Needed) Boys' Locker Rm Baseball Field \_\_\_\_Other (Specify) \_\_\_\_Girls' Locker Rm Softball field Personnel requested: \_\_\_\_ Cafeteria \_\_\_\_ Technology (audio-visual, etc.) Additional Information: Please include any additional detail, such as the number of tables needed, equipment needed, etc.

<b>SECTIO</b>	N II											
	Section II	to be comp	leted by Building	g Staff								
1.	Are the d	late(s) reque	ested available?		Yes	_ No						
	a.	If "Yes" go	on to question 2	2.								
	b.	If "No" con	tact organizatio	n.								
2.	Does the	request me	et School Board	Policy	707?	Yes _	No					
	a.	If "Yes" go	on to question 3	3.								
	b.	If "No" con	tact organizatio	n.								
3.	Do you a	pprove this	<b>Building Reques</b>	t?	Yes	No						
	a.	If "yes" go	on to question 4	1.								
	b.	If "No" sign	n and date belov	v and re	eturn the r	equest to	the orga	nization.				
4.	Contact appropriate supervisors to determine if staff is scheduled to be on duty. If staff is not scheduled to be on											
	duty, sup	duty, supervisors must provide you with an estimate of fees for this request.										
	a.	Estimated (	Cost – Facility Fe	ee:								
		ls	s organization re	equestir	ng a fee w	aiver?	Yes _	No				
	b.	Estimated	Fee – Custodial:									
		Father and 1	F C-f-ti									
	c.	Estimated	Fee – Cafeteria:									
		Fatimata d	Faa Taabaalaa									
	d.	Estimated	Fee - Technolog	y:								
	e.	Total Estim	nated Cost:									
	e.	TOtal Estilli	iateu Cost.									
5.	Has the o	organization	agreed to the fe	es for	this event	?	Yes	No				
<b>.</b>	a.		n and date belov						ed for s	chedulin	g and a c	opy to the
		_	dministrator for								,	
	b.		urn request to o	_	tion.							
		Building Principal's Signature Date										
SECTIO	N III - AC	GREEMEN	Т									
			<del>_</del> gree to abide by	/ Conne	aut Schoo	l District F	Policv 707	'. especially	the G	eneral Co	nditions	section.
			nool Facilities du									
_	_		5, a	-								_
_			I hereby bind m									
			e activity for wh	-			_					
supplied	a certifica	te of insura	nce in accordanc	ce with	the Rules	and Regu	lations.					
			Organization R	eprese	ntative Sig	nature			Date			
<b>SECTIO</b>	N IV											
		d	Yes	No								
							er Signatu			Date		_
							J					
	Approve	d	Yes	No _								_
					Superi	ntendent	Signature			Date		
<b>SECTIO</b>	N V											
		d by Board	of Education	,	Yes	Nο						

Date

## **INDEMNIFICATION AGREEMENT**

TO:	Conneaut School District 219 West School Drive Linesville, PA 16424	DATE:
	As part of the consideration	for allowing the undersigned organization to use the facilities/grounds of the Conneaut School District,
we, th	ne undersigned, hereby agree to defe	fend, indemnify and hold harmless the Conneaut School District,
		inst all liability, claim demands, demands, judgments, fees, fines, of any kind and nature, including attorney's fees and costs of
		y way connected with the said use of such facilities/grounds.
	•	on for allowing the undersigned organization to use the facilities/grounds of the Conneaut School
Distric	ct, we, the undersigned, hereby agree	es to assume total responsibility for any all damages done to the
faciliti	es/grounds of the Conneaut School D	District while said organization is using the facilities/grounds. It is
the re	sponsibility of the organization to ma	ake timely restitution and to reimburse Conneaut School District
in acco	ordance with provisions set forth in B	Board Policy #707 (Use of School Facilities & Grounds).
Signat	cure of Organization Representative:_	
Name	of Organization:	
Date(s	s) Facilities/Grounds to be used:	
Date o	of Signature:	