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BUILDING USAGE REQUEST APPLICATION

Neshaminy School District - Operations Department
2001 Old Lincoln Highway, Langhorne, PA 19047

Date of Application _____

Name Of Organization _____

This is a: ☐ Commercial Group ☐ Non-Profit (if checked, you MUST submit a copy of your tax exempt certificate.)

Will an admission fee **OR** registration fee be collected? ☐ NO ☐ YES If yes, $ _____

Name of Building Requested: _____

Specific Area Requested: _____

(Auditorium, Cafeteria, Gymnasium, Classrooms, etc.)

Event Description: _____

Days Needed: ☐ Monday(s) ☐ Tuesday(s) ☐ Wednesday(s) ☐ Thursday(s) ☐ Friday(s) ☐ Saturday(s)

Date(s) _____ Start Time: _____ End Time _____

Additional Equipment / Services Needed (additional charges may apply)

Tables (quantity) _____ Chairs (quantity) _____ Microphone _____ Other _____

School Security: ☐ Security YES ☐ Security NO If YES, how many Officers: _____ Time(s): _____

Will outside Vendors be participating in your event or providing equipment? ☐ YES ☐ NO All outside vendors must submit a Proof of Liability Insurance to Operations

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Applicant's Name: (PRINT or TYPE) _____

Address: _____ City: _____ State: _____ Zip _____

Phone number where applicant can be reached

Home or Work _____ Cell or Other _____

E-Mail _____

By signing this application the person whose signature appears below signifies that they have read the rules, regulations and policies of the Board of School Directors of the Neshaminy School District concerning the use and usage fees of its buildings and agree to follow them in letter and spirit. Any violations of these regulations may mean termination of this permit.

Signature of Applicant: _____ Date: _____

AUTHORIZED SCHOOL ADMINISTRATOR ONLY

☐ Facility Available

☐ Facility NOT Available

Comments _____

Signature of School Administrator: _____ Date: _____

FACILITIES & OPERATIONS DEPARTMENT ONLY

☐ Application Approved

☐ Application Denied

☐ Application Fee Paid

☐ Tax Exempt Certificate (if applicable)

☐ Indemnities Clause

☐ Certificate of Liability Insurance

☐ Deposit (if applicable)

Director of Facilities: _____ Date: _____

Revised 4/2016