



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) Sunday(s)

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

Additional Equipment / Services Needed (additional charges may apply)

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

EVENT STAFF	Please Provide District Event Staff Personnel*	This Organization will provide our own Event Staff Personnel.	Number of Event Staff Personnel requesting or supplying
* If requesting District Event Staff- download and submit Event Staff Form.			_____

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

If Yes, vendor forms must be filled out and sent in with application.

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	Comments	
Facility NOT Available		

Signature of School Administrator: _____ Date: _____

FACILITIES & OPERATIONS DEPARTMENT ONLY

Application Approved	Application Fee Paid	Indemnities Clause
Application Denied	Tax Exempt Certificate (if applicable)	Certificate of Liability Insurance
	Background Checks Received For all Vendor employees	Deposit (if applicable)

Director of Facilities: _____ Date: _____