

APPLICATION FOR USE OF FACILITIES

LAKE-LEHMAN SCHOOL DISTRICT • P.O. BOX 38 • LEHMAN, PA 18627

PHONE: (570) 570-255-2802 • shookj@llsd.org

DATE OF APPLICATION _____ ORGANIZATION _____

APPLICANT NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

DATE OF EVENT:

START TIME:

END TIME:

FEE EXEMPT GROUP CLASSIFICATION: CHECK () NEXT TO APPROPRIATE GROUP DESCRIPTION

() SCHOOL GROUPS AND AFFILIATED SCHOOL GROUPS

() COMMUNITY-BASED NON-PROFIT 501 (c) (3) ORGANIZATIONS (ATTACH COPY TO APPLICATION)

() TOWNSHIPS OF LEHMAN, ROSS, LAKE, JACKSON, NOXEN AND HARVEYS LAKE BOROUGH

BUILDING OR GROUNDS REQUESTED _____

AREA OF BUILDING REQUESTED _____

SPECIFIC PURPOSE OF REQUEST _____

INSURANCE COMPANY _____ POLICY # _____

(COPY OF POLICY MUST BE ATTACHED TO APPLICATION)

ADMISSION FEE FOR EVENT _____ ANTICIPATED NUMBER OF ATTENDEES _____

CHECK THE COORESPONDING () FOR ADDITIONAL EQUIPMENT NEEDED. ADDITIONAL CHARGES MAY APPLY.

(Please be specific with details in regard to additional equipment needed, example: athletic equip – what type?)

() SOUND SYSTEM () LIGHTING () MEDIA TECHNOLOGY () ATHLETIC EQUIP. () CONCESSIONS

() SCOREBOARD () SEATING () KITCHEN () OTHER: PLEASE SPECIFY BELOW

By signing this application, the person whose signature appears below signifies that he/she is responsible for the group. The individual will see that the buildings are not misused, have adequate adult supervision and the facilities are used in conformity with the application and regulations dictated by the Board of Directors. It is also understood that school activities have priority for the use of the building. This includes activities that have been rescheduled.

SIGNATURE OF APPLICANT _____ DATE _____

APPROVAL OF ATHLETIC DIRECTOR _____ DATE _____

APPROVAL OF BUILDING PRINCIPAL _____ DATE _____

PLEASE SEE REVERSE SIDE FOR BILLING DETAILS AND FINAL APPROVALS

APPLICATION IS NOT OFFICIALLY APPROVED UNTIL SIGNED BY SUPERINTENDENT

BUSINESS OFFICE USE ONLY

ORGANIZATION _____ DATE REQUESTED _____

FEE EXEMPTION REQUESTED _____ REASON _____

CATEGORY OF REQUEST _____

HOURLY RATE _____

TOTAL HOURS REQUESTED _____

ADDITIONAL REQUESTS _____

ADDITIONAL FEES _____

TOTAL FACILITY USAGE COST _____

APPLICATION ROUTING PROCEDURES

1. ATHLETIC DIRECTOR
2. BUILDING PRINCIPAL
3. BUSINESS OFFICE
4. SUPERINTENDENT
5. COPIES OF FINAL APPROVAL
SCANNED TO PREVIOUS OFFICES
AND DIRECTOR OF BUILDINGS AND
GROUNDS
6. COPY OF INVOICE MAILED OR
EMAILED TO APPLICANT

SIGNATURE OF BUSINESS OFFICE _____ **DATE** _____

SIGNATURE OF SUPERINTENDENT _____ **DATE** _____

SIGNATURE OF APPLICANT _____ **DATE** _____

All fees must be paid in accordance with application/approval procedures as outlined in Policy 707-AR-0 Use of Facilities, and submitted to:

LAKE-LEHMAN SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT
PO BOX 38
LEHMAN, PA 18627