

MILLVILLE AREA SCHOOL DISTRICT
P. O. BOX 260
MILLVILLE, PA 17846
570-458-5538

Millville Elementary School: (Ext. 1000)
FAX No: 570-458-4715

District Office: (Ext. 3220)
FAX No: 570-458-5584

Millville Jr. Sr. High School: (Ext. 2303)
FAX No: 570-458-5583

REQUEST FOR USE OF SCHOOL FACILITIES OR RENTAL

PLEASE COMPLETE ALL ITEMS AND SIGN THE CERTIFICATE OF RESPONSIBILITY.

Today's Date: _____

Requester/Organization Name: _____

Phone No: _____

Responsible Organization Representative: _____

Phone No: _____

Mailing Address: _____

IMPORTANT: Unless otherwise notified, non-school related organizations/individuals must provide a certificate of insurance indemnifying the District from liability and damages every time this form is completed.

DATE/DATES OF FACILITY USE: _____

CHECK BUILDING / ROOM / FIELD REQUESTED: Millville Elementary School Millville Jr. Sr. High School

Auditorium Cafeteria* Kitchen* Classroom Gym Field (Specify) _____

Sound System Purpose of Building/Facility use: _____

Time Building is to be OPENED: _____ AM/PM CLOSED _____ AM/PM TIME OF EVENT: _____

Will a fee be charged for Admission? YES NO Need Security Police? YES NO

* If requesting cafeteria or kitchen, please check the appropriate statement:

Name of Food Service Volunteer: _____

School District will schedule employee and bill for services.

Equipment requested: _____

Other Information: _____

CERTIFICATE OF RESPONSIBILITY:

I certify that I am the authorized representative of the above name organization and will be responsible for the care and/or damages to the school property during the time of this agreement. The user of any school facility must assume sufficient insurance coverage or otherwise assume responsibility for any property damage or personal injury resulting from use of the above requested facilities.

Signature: _____

Date: _____

DISTRICT OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW!

Rev. 05/18/2015

Renter class: _____ User's Fee: YES NO If yes, please state daily fee (Policy 707): _____

Additional Fees: Custodial: \$ _____ Security: \$ _____ Food Service: \$ _____

Building Principal: _____ Approve ___ Deny ___

Superintendent: _____ Approve ___ Deny ___ Ins. Cert. Rec'd: Y___ N___ NA___

Comments: _____

White – Requester

Yellow – Building Principal

Pink – Superintendent

Gold – Maintenance Supervisor