

Application for Use of School Facilities
All information must be completed for your application to be processed.

NAME OF PERSON SUBMITTING APPLICATION: _____

ADDRESS OF PERSON SUBMITTING APPLICATION: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: [] Cell [] Home [] Work _____

EMAIL ADDRESS: _____

If the person is applying on behalf of an organization, and the organization's contact information is different than that set forth above, please provide it below.

NAME OF ORGANIZATION BEING REPRESENTED BY APPLICANT (if any): _____

Is Organization Nonprofit? [] Yes [] No If yes, proof of tax-exempt nonprofit status may be required.

If the Applicant is an organization, then please provide the full name of the organization, date of incorporation or establishment of entity.)

ADDRESS OF ORGANIZATION: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBERS: (W) _____ (CELL) _____

EMAIL ADDRESS: _____

WEBSITE: _____

FACILITY REQUESTED: _____

DATE(S) REQUESTED: _____ TIME: _____ TO: _____

DATE(S) FOR REHEARSAL: _____ TIME: _____ TO: _____

Are more than seventy (70%) percent of participants Manheim Township residents: [] Yes [] No

NUMBER OF EXPECTED PARTICIPANTS: _____

TYPE OF ACTIVITY: _____

*Check any of the related services necessary or requested during the rental:

- [] Custodial staff: times needed _____ to _____
[] Security staff: times needed _____ to _____
[] AV needs: _____
[] Doors: Door # _____ Unlock at _____ Lock at _____
[] Event Set-up (be specific include needs, locations and times): _____

[] Restrooms [] Other (please list): _____

Will any outside vendors be attending your event? [] Yes [] No

If yes then a Certificate of Insurance will be required for each vendor.

Will admission or any fees be charged to participants or attendees? [] Yes [] No

Are the expected participants going to be children? YES NO

- If yes, I confirm that all employees or volunteers who will care, supervise, guide, control or have routine interaction with children have had their background checks (PA State Police, FBI or FBI Exemption (if applicable), Child Abuse Clearance Report) as required by the Administrative Regulations, and the background checks yielded no evidence of prior crimes, child abuse or other activities that would make those individuals unfit to be involved. Background checks must be no more than one year old.

SIGNATURE OF APPLICANT

NAME OF INSURANCE CARRIER: _____

A Certificate of Insurance, naming the Manheim Township School District as an additional insured, must be obtained and provided no later than seven days prior to the event or your event will be canceled. If you will have any outside vendors attending your event we will also need a copy of their Certificate of Insurance.

I _____ HERBY CERTIFY THAT I HAVE I WILL SECURED A SIGNED GENERAL
PRINTED NAME OF APPLICANT

RELEASE AND WAIVER OF LIABILITY FORM FOR EACH PARTICIPANT. _____
SIGNATURE OF APPLICANT

The applicant agrees to abide by Manheim Township School District Policy 707 the related facility use guidelines and the procedures adopted under it when using the school facilities requested. Further, the applicant agrees to pay all charges applicable to the use of the school facilities. The applicant understands and agrees that this application and the documents referenced above are legally binding. The applicant represents that all information set forth herein has been reviewed and is determined to be complete and accurate in all respects.

*PRINTED NAME OF APPLICANT OR ITS REPRESENTATIVE

*SIGNATURE OF APPLICANT OF ITS REPRESENTATIVE _____
DATE

**Waiver and clearance sections and application must be signed before application can be processed

Email completed application to:
rentals@mtwp.net or
mail to:
MTSD/Business Office
P.O. 5134
Lancaster, PA 17606

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(For District Use Only)

Date of receipt of application _____ Initials of Recipient _____ Category of Applicant _____

Rental Cost (Rental Fee plus Personnel, Security and Cleaning Costs): _____

If the applicant is not a recognized PTO, Booster Club or any other School Affiliated Organization (SAO) has proof of insurance been received? ___ YES ___ NO General Aggregate Limit: (\$2,000,000.00 minimum): ___ YES ___ NO

Each Occurrence Limit: (\$1,000,000.00 minimum): ___ YES ___ NO

Manheim Township School District Named as Additional Insured: ___ YES ___ NO

Does the rental require the care, supervision, guidance, control or routine interaction with children? ___ YES ___ NO

IF YES, THE SUBMISSION OF THE FOLLOWING SHOULD OCCUR: VERIFICATION OF THE ABUSE AND MOLESTATION COVERAGE

A LIST OF EMPLOYEES OR VOLUNTEERS PROOF OF BACKGROUND CHECKS - IF REQUESTED