

CHARTIERS VALLEY SCHOOL DISTRICT
 2030 Swallow Hill Road, Pittsburgh, PA 15220 - 1699 (412) 429 - 3755

APPLICATION FOR PERMISSION TO USE / LEASE SCHOOL FACILITIES

No

Requesting Organization: _____
 Please Print

Person(s) in Charge / Title: _____
 Please Print
 Date of Application: _____

Organizations / Individuals requesting to use / lease District Facilities MUST abide by the terms and conditions of the District policy on the use / lease of facilities as well as all applicable District / Municipal policies, codes and ordinances. By signing below the requesting party understands and accepts these conditions.

Person(s) in Charge / Requesting Individual(s): _____
 Signature

Address: _____ Phone: _____

Check - Off Applicable

<input type="checkbox"/> Non - Profit (Attach 501c3, evidence of school sponsorship, or other documentation)	<input type="checkbox"/> District Related Activity OR	<input type="checkbox"/> Non- District Related OR
<input type="checkbox"/> For Profit	<input type="checkbox"/> Community / Civic Related AND	<input type="checkbox"/> Non - Community / Civic Related AND
	<input type="checkbox"/> 100% CV Residents Participating (Attach Roster with Names and Addresses)	<input type="checkbox"/> Not 100% CV Residents Participating (Attach Roster with Names and Addresses)

Facilities Requested: _____

Equipment / Service Requested: _____

Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Event / Production
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Practice / Rehearsal
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Event / Production
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Practice / Rehearsal
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Event / Production
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Practice / Rehearsal

Expected Attendance: _____ Expected Admission Charge: _____

ESTIMATED PRICES - FINAL BILL TO BE PROVIDED AT CONCLUSION OF EVENT / PRACTICE

<u>FACILITY/ EQUIPMENT</u>	<u>FEE</u>	<u>SUBTOTAL FEES</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
	<u>RATE / HR.</u>	<u>EST. HOURS</u>
Custodial Costs:	_____ X _____	_____
Skilled Trades Costs:	_____ X _____	_____
Security Costs:	_____ X _____	_____
Other Costs:	_____ X _____	_____
		TOTAL PRICE (EST.): _____

Security deposit (50%) of \$ _____ is due upon approval. Make checks payable to Chartiers Valley School District. Balance is due five (5) days after conclusion of event / practice. Facility will be available (Date): _____

APPROVALS

Building Principal: _____	Director of Facilities: _____
Director of Fin. / Ops: _____	Director of Nutrition: _____
Athletic Director: _____	Coordinator of Security: _____