

**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: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Please Print

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"/> <b>Non - Profit</b> (Attach 501c3, evidence of school sponsorship, or other documentation)  <input type="checkbox"/> <b>For Profit</b>	<input type="checkbox"/> District Related Activity OR <input type="checkbox"/> Community / Civic Related AND <input type="checkbox"/> 100% CV Residents Participating (Attach Roster with Names and Addresses)	<input type="checkbox"/> Non- District Related OR <input type="checkbox"/> Non - Community / Civic Related AND <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 <input type="checkbox"/> Practice / Rehearsal
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Event / Production <input type="checkbox"/> Practice / Rehearsal
Day(s) of Week: _____	Dates: _____	Hours: From: _____ To: _____	<input type="checkbox"/> Event / Production <input type="checkbox"/> Practice / Rehearsal

Expected Attendance: \_\_\_\_\_ Expected Admission Charge: \_\_\_\_\_

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

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

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: _____