

MILLVILLE AREA SCHOOL DISTRICT

PO 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. 2230)
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: _____

Email Address: _____

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

DATE/DATES OF FACILITY USE: _____
PURPOSE OF BUILDING/FACILITY USE: _____
CHECK BUILDING / ROOM / FIELD REQUESTED: [] Millville Elementary School [] Millville Jr. Sr. High School
[] Auditorium [] Cafeteria* [] Kitchen* [] Gym [] Field (Specify) _____
[] Classroom (Specify if applicable) _____
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: [] Sound System [] Other: _____
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. 02/24/2016

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