USE OF SCHOOL FACILITIES AGREEMENT

SHARPSVILLE AREA SCHOOL DISTRICT

1 Blue Devil Way, Sharpsville, PA 16150 724.962.8300 office 724.962.7873 fax

NAME OF ORGANIZATION/GROUP

PURPOSE								
FACILIT	Y REQUESTED							
	FACILITY	ROOMS/AREA TO BE USED			BUILDING PRINCIPAL APPROVAL		DATE	
	ELEMENTARY SCHOOL							
	MIDDLE SCHOOL							
	HIGH SCHOOL							
	SOFTBALL FIELD							
	McCRACKEN FOOTBALL							
	FIELD							
	McCULLOUGH RUN							
DATES	COMPLEX AND TIMES OF USE	Please enter (alternate dates i	fnossible				
DATES	AND TIMES OF USE				T T			
	<u>→</u>							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY SA	ATURDAY	SUNDAY*	
							CALL	
OPEN BUILDING							FOR PRIOR	
							APPROVAL	
SPECIAL SERVICES, MATERIALS OR EQUIPMENT REQUIRED:								
RESPON	NSIBLE PARTIES							
PLEASE	PROVIDE EMAIL ADDRESS							
By sigi	ning this agreement, I	agree to the terms	s and conditions	as set forth in Bo	oard Policy 707-Use o	of School Fa	cilities.	
	NAME	ADI	DRESS	PHONE #	SIGNATURE		DATE	
1								
2								
3								
	VED BY:					OFFICIAL USE ONLY		
MAINTI	ENANCE SUPERVISOR		DATE		FACILITY FEE		\$	
					PERSONNEL FE	EE	\$	
					TOTAL FEES		\$	
SUPERI	NTENDENT		DATE			PAYMENT MUST BE MADE UPON APPROVAL PRIOR TO USE		
					Date logged in District Calendar:			
					Logged in by: (initials)			

*Use of facilities on Sunday is limited to school related organizations and requires prior approval of the Superintendent.