



CHESTER UPLAND SCHOOL DISTRICT SCHOOL FACILITY USE APPLICATION

Questions about facility rental? Call (445)-247-7886 or (445) 247-7842
Applications must be dropped off at 1350 Edgmont Ave. Chester pa between 7:30 am and 3:30 pm, Monday-Friday
or can be emailed to (Facilities) rrobertson@chesteruplandsd.org, (Athletics) clipperathletics@chesteruplandsd.org

IMPORTANT – THIS SECTION MUST BE COMPLETED

- The applicant agrees to the terms and conditions of the attached Use of School Facilities Policy.
- The applicant has attached a current Certificate of Insurance covering Chester Upland School District in the amount of not less than \$1,000,000 and names the District as an additional insured.
- The applicant has attached a Non-Refundable \$25 Application Fee (as a Money Order).

Date(s) of Use Requested: _____ Time(s) Requested: _____ to: _____ (min. 2 hours use)

School/Building Requested: _____

Room(s) and/or Area(s) Requested: _____

Purpose of Use (Describe in detail as to both general purpose and type of activities to be conducted):

Estimated number of attendees: _____

Persons attending will be expected to: pay admission get in free contribute to solicitation of donations

Name of Organization: _____

Address of Organization: _____

How will this event be publicized? Flyers/Posters Newspaper Ads

Social Media: _____ Radio/TV: _____

NOTICE TO USER: If the publicizing of this event in any manner implies that the Chester Upland School District or any of its public schools are sponsoring this activity the Chester Upland School District upon ascertaining such information reserves to itself the right to rescind the permit granted by this application.

Special Equipment Required (Check one or more)

Speaker's Stand Risers (# _____) Chairs (# _____) Tables (# _____)

Audio/Visual Equipment Required (NOTE: This will incur an additional cost for rental)

Microphones (# _____) Speakers (# _____) Sound board Projector & Screen

Name of Person Completing Form: _____

Address, if different from organization: _____

Telephone Number of (Organization/Person Applying): _____

Office Held: President Vice President Signature: _____

NOTE: If application in name of an organization is not signed by the President or Vice President of the organization, written documentation must accompany this application whereby the President of the organization authorizes such individual to sign the application on behalf of the organization.

Date Submitted for Review: _____

(Please allow no less than 30 days between Date Submitted and Date(s) of Use Requested for processing.)

Athletic Director's Recommendation (If Applicable)	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Comments: _____		
Signature of Athletic Director: _____	Date: _____	

Principal's Recommendation (If Applicable)	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Comments: _____		
Signature of Athletic Director: _____	Date: _____	

Quoted Facilities Rental Cost: _____
