

**NORTHERN TIOGA SCHOOL DISTRICT  
APPLICATION FOR USE OF SCHOOL FACILITIES**

Allow fourteen (14) working days notice from the time of your request for approval

<i>GROUP:</i>		
DATE(S) REQUESTED:		
TIME: Beginning:	Closing:	Anticipated # of participants:
PURPOSE:		
EQUIPMENT REQUEST: (tables, chairs, volleyball nets, etc.) <b>Computer Labs will not be approved for public use.</b>		
BUILDING REQUESTED:		
ROOM(S) OR LOCATION: (Note: Kitchen use requires the employment of one (1) cafeteria worker.)		
REQUEST FOR:	HEAT	VENTILATION      AIR CONDITIONING
ADMISSION FEE TO BE CHARGED:	YES   NO	\$_____
LIABILITY INSURANCE CARRIER ( <b>COPY MUST BE ATTACHED</b> ):		
RESPONSIBLE ADULT:	Email:	
Address:	Phone:	
	Cell Phone:	
<p><b>An adult</b> must be in charge of and responsible for the program or activity. This person shall be responsible to the principal of the school in which the event is taking place and must assume full responsibility for personal injury to participants and spectators as well as restoring to original conditions any property destroyed or suffering from more than normal wear and tear. The Northern Tioga School District shall be the sole judge of destruction of property or excessive wear and tear. The Board prohibits the use or possession of tobacco products, alcoholic beverages, drugs, gambling, weapons, replicas of weapons and ammunition on any school property. All lights must be turned off after the program or activity, and any keys to the property must be returned to the building principal. <b>Sunday Use of School Facilities is permitted only after 1:00 PM.</b></p> <p>By signing the Application For Use of School Facilities Application you are agreeing to abide by all district policies and to hold the district harmless for any liability resulting from the use of the facilities.</p> <p><i>I hereby request the use of the above described facility and equipment for the date(s) and time(s) indicated, and I will be present at the time(s) the facility requested is being used. With this request, I assume the responsibility for the use and care of the facility and will be responsible for any required payment.</i></p>		
Signed:		Date:

<b>(For Office Use Only)</b>		
<b>APPROVAL SIGNATURES</b>	<b>DATE</b>	<b>FEES:</b>
Approved by Building Principal:		General:
Approved by Athletic Director (if applicable):		Custodial:
Approved by Superintendent:		Cafeteria:
Processed by Business Office:		Less Application Fee:
Comments/Notes:		<b>TOTAL DUE:</b>