

UPPER MORELAND TOWNSHIP SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES

REQUESTER'S NAME: _____ DATE OF REQUEST: _____

REQUESTER'S EMAIL: _____ REQUESTER'S PHONE: _____

ORGANIZATION/GROUP NAME: _____

BILLING ADDRESS: _____

BUILDING REQUESTED: High School Middle School Intermediate School Primary School

ROOM REQUESTED: Gym Auditorium Cafeteria/Cafetorium Other _____

EVENT/ACTIVITY DESCRIPTION: _____

DATE(S) REQUESTED: [Click here to enter a date.](#) OR WRITE IN DATE(S): _____

EVENT START TIME: _____ EVENT END TIME: _____

SET UP START TIME: _____ BREAKDOWN/CLEAN UP END TIME: _____

EXPECTED # OF PARTICIPANTS: _____ EXPECTED # OF OVERALL ATTENDANCE: _____

❖ SET-UP REQUESTS – PLEASE BE SPECIFIC. ATTACH DIAGRAM AND/OR DETAILED DESCRIPTION IF NECESSARY: _____

❖ SEE FEE SCHEDULE FOR THE FOLLOWING REQUESTS: Air Conditioning Heat
 Other _____

❖ For Lighting and Sound requests: Contact Jackie Raginsky at jraginsky@umtsd.org

❖ For use of AV equipment (projector, microphone): Contact Tony Gauker at tgauker@umtsd.org

❖ For use of Food Service and/or Kitchen Facilities: Contact Melissa Froehlich at mfroehlich@umtsd.org

I/we the renter/requester(s) have read the **2014-2015 Rules and Regulations for Use of the Upper Moreland School District Facilities**, and accept all legal and financial responsibilities.

Authorized Signature: _____ Date: _____

Facilities Supervisor: _____ Date: _____
(signature acknowledges approval of the request)

Principal/Designee: _____ Date: _____
(signature acknowledges approval of the request)

OFFICE USE ONLY

CERTIFICATE OF INSURANCE: Received On File Approved by School Board on: _____

DATE INVOICE SENT: _____ TOTAL AMOUNT DUE: _____