## HAZLETON AREA SCHOOL DISTRICT

## **BUILDING / FACILITY USE APPLICATION**

BUILDING/FACILITY REQUE	STED			
APPLICATION DATE	RE	QUESTED BY		
ORGANIZATION		PHONE ()		
ADDRESSStreet	E-MAIL ADDRESS			
City		State	Zip Code	
ACTIVITY/EVENT				
		D		
Is access to kitchen required?	YES NO	If YES, additional costs for food service worker will apply. If NO, access to any kitchen space will be prohibited.		
SPONSOR/PERSON IN CHARGE		PHONE (	))	
(REQUIRED TO BE ON SITE)		CELL PHONE	()	
ESTIMATED NUMBER ATTENDING		If you have non-profit or 501(c)(3) status you must provide proof of such with this application.		
DATE(S)	DAY OF WEEK (Su,M,T,W,H,F,Sa)	TIME(S)(A.M)(P.M.)	ADMISSION FEE / PARTICIPATION FEE / ANY FEES OR CHARGES TO PARTICIPANTS OR SPECTATORS	
LIST ANY AD	DITIONAL DATES ON A	 SEPARATE SHEET OF PAPER A	AND ATTACH	
SCHOOL DUDE ID # CLASSIFICATION # APPLICATION #		IASD Use) RENTAL CATEGOF BOARD APPROVED D		
Last Updated (06/24/2013)		1		

1.
 2.
 3.
 4.
 6.

LECTERN RESTROOMS P.A. SYST  PIANO PARKING STAGE LI		EQUIPMENT	нлірс	
OTHER		VOWIBER OF C.		
Will you need to move any heavy objects in or out of the sch		YES	NO	
Will you need to park any buses or large vehicles on school of	YES	NO		
If yes, for how long?				
Will special equipment be used? (Ex. Tap shoes, rollers, casters, etc.)			NO	
If yes, please describe				
Are you planning to pitch tents?	YES	NO		
Will you require specific security needs?	YES	NO		
If yes, what will they be?				
APPROVALS:	IN THIRTY (30) DAYS OF THE RE, CERTIFICATE OF INSU YOU MUST PROVIDE PROC	IE FIRST EVENT. VRANCE AND A SI DF OF SUCH WITI	APPLICATIONS <u>Wi</u> GNED H.A.S.D. RUI	ILL NOT LES
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(c)(3) STATUS  (For HAAPPROVALS: PRELIMINARY APPROVAL Required for BLDG Use)  Principal	ASD Use)  ATHLETIC DE	PTAthletic Dir	APPLICATIONS <u>W</u> GNED H.A.S.D. RUI H THIS APPLICATIO	ILL NOT LES
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(e)(3) STATUS  (For HAPPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use)	N THIRTY (30) DAYS OF THE RE, CERTIFICATE OF INSU YOU MUST PROVIDE PROCESSED ASD Use)  ASD Use  ATHLETIC DED Date	PTAthletic Dir	APPLICATIONS <u>W</u> GNED H.A.S.D. RUI H THIS APPLICATIO	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(c)(3) STATUS  (For HAAPPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SECURITY DEPT Required for BLDG Use)	ASD Use)  ATHLETIC DE	PTAthletic Dir	APPLICATIONS WIGNED H.A.S.D. RUI H THIS APPLICATIO	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(e)(3) STATUS  APPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SECURITY DEPT Required for BLDG Use) PRELIMINARY APPROVAL FOOD SERVICE Required for BLDG Use)	ASD Use)  ATHLETIC DED  Date  Facilities Director  Food Service Director	PT_Athletic Dir	ector  Date	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHD BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(c)(3) STATUS  (For HAAPPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SECURITY DEPT Required for BLDG Use) PRELIMINARY APPROVAL FOOD SERVICE PRELIMINARY APPROVAL FOOD SERVICE PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use)	ASD Use)  ATHLETIC DED  Date  Facilities Director  Food Service Director	PTAthletic Director	ector  Date  Date	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(c)(3) STATUS  (For HAAPPROVALS: PRELIMINARY APPROVAL	ASD Use)  ATHLETIC DESTRICTED DATE  ACCORDANCE  ASD Use)  ATHLETIC DESTRICTED DATE  Facilities Director  Security Director  Food Service Director  Superintendent of	PTAthletic Director	ector  Date  Date  Date	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITH BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(e)(3) STATUS  APPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SECURITY DEPT Required for BLDG Use) PRELIMINARY APPROVAL FOOD SERVICE Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SUPERINTENDENT Required for BLDG Use)	ASD Use)  ATHLETIC DEL  Date  Facilities Director  Food Service Director  Superintendent of	PTAthletic Director	ector  Date  Date  Date  Date	ILL NOT LES ON.
WEST 23 <sup>RD</sup> STREET, HAZLE TOWNSHIP, PA 18202 WITH BE PROCESSED WITHOUT COMPLETED QUESTIONNAL FORM. IF YOU HAVE NON PROFIT OR 501(e)(3) STATUS  (For HAAPPROVALS: PRELIMINARY APPROVAL Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SECURITY DEPT Required for BLDG Use) PRELIMINARY APPROVAL FOOD SERVICE Required for BLDG Use) PRELIMINARY APPROVAL MAINTENANCE DEPT Required for BLDG Use) PRELIMINARY APPROVAL SUPERINTENDENT Required for BLDG Use) PRELIMINARY APPROVAL SUPERINTENDENT Required for BLDG Use) APPLICATION NOT APPROVED	ASD Use)  ATHLETIC DEL  Date  Facilities Director  Food Service Director  Superintendent of	PTAthletic Director	ector  Date  Date  Date  Date	ILL NOT LES ON.

## **IMPORTANT**

## PLEASE SIGN AND RETURN

I,	have read and agree to follow the attached Provisions and Procedures included within the (Rental Policy #707 y other conditions placed on me or my organization by authorized strict.
	Date
	Organization
	Rental Dates
	Facility
	Contact Person (PRINT)
	Contact Phone Number
APPL	(For HASD Use) ATION #