

NEW CASTLE AREA SCHOOL DISTRICT

APPLICATION AND RENTAL AGREEMENT FOR USE OF SCHOOL FACILITY

Organization: _____

Building Requested: _____ Facilities Requested: _____

Nature of Use: _____

Date(s) Requested: _____ Time Requested: _____

Approximate Number in Attendance: _____

Name of Person(s) Responsible for Activity: _____

Title: _____

Address: _____ Phone Number: _____

Name of Person(s) Responsible for Payment: _____

If requesting a fee waiver, please give an explanation: _____

Conditions of Agreement

I have read the attached regulations governing the Use of Facilities and shall adhere to them as outlined. I acknowledge that failure to do so will discontinue the privilege of such usage.

Special Restrictions or Requirements: _____

Signature of Authorized Representative Date

Signature of Building Principal Date

Signature Board Secretary/Business Manager Date

Signature Superintendent of Schools Date