



Mount Carmel Area School District

600 W 5TH ST

MOUNT CARMEL PA 17851-1897

PHONE: 570-339-1500

FAX: 570-339-0487

Facility Access Request

FULL LEGAL NAME: _____

GROUP NAME/ADDRESS: _____

NUMBER OF PARTICIPANTS: _____

CONTACT PERSON/PHONE NUMBER: _____

DATE & TIME OF ACTIVITY: _____

ACTIVITY: _____

DATES & HOURS REQUESTING DOOR ACCESS (INCLUDE SET UP & CLEAN UP):

EQUIPMENT NEEDED (ELECTRICITY, PA SYSTEM, LIGHTS, ETC.):

***IDEMNIFICATION AND / OR INSURANCE INFORMATION:** Comprehensive public liability insurance policy for bodily injury or death) (Property damage insurance). All parties are responsible for cleanup and trash removal. **A Certificate of Insurance must accompany this request form.**

SUPERVISION/SECURITY NEEDS: _____

ADDITIONAL INFORMATION: _____

*****A custodian is required to be on site from the time you request access, until the time you leave the property. Custodial wage is \$15 per hour and is to be paid at the end of the event.**

FEE: \$150.00 – This fee includes two hours of custodial salary. The user will be responsible for the cost of the additional hours.



Use of School Facilities Policy

- The user shall have access only to the requested area.
- Use of this facility will automatically be revoked if the user brings or allows weapons, cigarettes, alcohol, or any controlled substance by law.
- User may not cause or permit any damages to school district premises / property. User is liable for the cost of repairing all damages.
- User holds the school district harmless from all claims.
- The school district is not responsible for user's property.
- User may not obstruct any entrances.
- User agrees to pay all attorney fees incurred by the district for actions arising from facility usage.
- Parking is not permitted on the upper level of the campus including fire lanes.
- User agrees that no illegal, indecent, lewd, obscene or immoral conduct will take place and will comply with all applicable laws.

I _____ have read / understand / agree to the components of the "Use of School Facilities Policy".

Representing _____

Signature: _____ Date: _____

Revised 11-21-2013

A condition is required to be on the form. The form must be signed by the user and the activity. Contact your site for more information.

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