

WALLINGFORD-SWARTHMORE SCHOOL DISTRICT  
200 S. Providence Road, Wallingford, PA 19086  
Phone: 610-892-3470

**APPLICATION FOR USE OF SCHOOL/DISTRICT FACILITIES**

THE ADMINISTRATION IS RESPONSIBLE FOR THE USE OF ALL DISTRICT FACILITIES. IN ORDER THAT WE MAY PLAN FOR YOUR REQUESTED USE, KINDLY COMPLETE AND RETURN THIS FORM TO THE BUSINESS OFFICE AT LEAST THIRTY (30) CALENDAR DAYS PRIOR TO THE REQUESTED DATE OF USE OF DISTRICT FACILITIES.

Organization: \_\_\_\_\_

Building/Facility Requested: \_\_\_\_\_

Specific Space Requested: \_\_\_\_\_

Event Description: \_\_\_\_\_

Date of Requested Use: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*(If multiple dates or times are requested, please list each date & time below)*

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>

Is Applicant A Non-Profit? \_\_\_\_\_ Is Applicant Tax Exempt? \_\_\_\_\_

Taxpayer Identification Number (If Applicable): \_\_\_\_\_

Estimated Number of People Expected: \_\_\_\_\_

Admission/Sign Up Fee Charged or Suggested Donation Requested? \_\_\_\_\_

If Yes, Describe the Nature and Amount of the Fee: \_\_\_\_\_

Will Any Food/Concessions be Sold/Available? \_\_\_\_\_

If Yes, Describe Food/Concessions to be Sold or Made Available: \_\_\_\_\_

Person Assuming Full Responsibility for Event: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Special Arrangements Needed/Equipment Required: \_\_\_\_\_

Comments: \_\_\_\_\_

**I certify that I have read, understand, and agree to be bound by the Wallingford-Swarthmore School District's Board Policy and Administrative Regulation 707 (Use of School Facilities), including all Attachments to the Administrative Regulation, all of which are available on the District's website.**

SIGNED:

\_\_\_\_\_  
(Person Responsible for Event) (Date)

**FOR FACILITIES DEPARTMENT USE ONLY:**

School Official: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Not Approved

User Classification: \_\_\_\_\_

Insurance Information on File?  Yes  No  N/A

Anticipated Fees (Rental + Other Costs) \$ \_\_\_\_\_

Explanation of Other Costs: \_\_\_\_\_

Amount of Required Security Deposit: \$ \_\_\_\_\_

TOTAL **ESTIMATED FEES**: \$ \_\_\_\_\_