

**NORTHERN LEHIGH SCHOOL DISTRICT  
APPLICATION FOR THE USE OF FACILITIES**

Name of Sponsoring Organization \_\_\_\_\_

Name of Responsible Person \_\_\_\_\_

Position within Organization \_\_\_\_\_

Organization's Mailing Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Purpose of Activity \_\_\_\_\_

Estimated Attendance: Participants \_\_\_\_\_ Spectators \_\_\_\_\_

Dates Needed	Day of Week	Start Time (Include adequate set-up time when setting times)	End Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Building Needed: \_\_\_\_\_ High School \_\_\_\_\_ Middle School \_\_\_\_\_ Peters Elem. \_\_\_\_\_ Slatington Elem.

Areas Needed: \_\_\_\_\_ Auditorium \_\_\_\_\_ Gymnasium \_\_\_\_\_ Cafeteria \_\_\_\_\_ Kitchen  
 \_\_\_\_\_ Classroom \_\_\_\_\_ Athletic Field \_\_\_\_\_ Refreshment Stand \_\_\_\_\_ Parking Lot  
 \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Equipment Needed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that I have read, understand and agree to adhere to Policy #707 of Northern Lehigh School District concerning Use of School Facilities. Further, my organization forever releases the Northern Lehigh School District, their agents and employees from all claims, actions and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, employees and further will hold harmless an indemnify the said School Directors and School District from any expenses and judgements or decrees recovered against them as a result of said facilities.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* ATTACH CERTIFICATE OF LIABILITY INSURANCE \*\*\*\*\*

Athletic Director Approval: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Operations Approval: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Estimate of Costs: Rental \_\_\_\_\_ Labor \_\_\_\_\_

**\*Upon completion of form, please email to Athletic Director, bgeist@nlsd.org, and Director of Operations, cmann@nlsd.org, for approval.**