BUILDING/FACILITY REQU	JESTED				
APPLICATION DATE	REQUESTED BY				
ORGANIZATION	PHONE ()				
ADDRESS Street	E-MAIL ADDRESS				
Street					
City		State	Zip Code		
ACTIVITY/EVENT					
AREA(S), ROOM(S), FACIL	ITY, OR SPACE REQUESTE	D			
s 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 CH	ARGE	PHONE ())		
(REQUIRED TO BE ON SITE	Ξ)	CELL PHONE	· ()		
ESTIMATED NUMBER AT	FENDING	If you have non-profit or 50 provide proof of such with t			
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 CHARGE TO PARTICIPANTS OF SPECTATORS		
			AND ATTACH		
LIST ANY A	ADDITIONAL DATES ON A	SEPARATE SHEET OF PAPER A			

<u>NEEDS:</u>	-			
LECTERN RESTROOMS P.A. SYSTER		AV EQUIPMENT		
PIANO PARKING STAGE LIG		NUMBER OF C	HAIRS	
OTHER				
Will you need to move any heavy objects in or out of the schoo	b1?	YES	NO	
Will you need to park any buses or large vehicles on school dis-	trict property?	YES	NO	
If yes, for how long?				
Will special equipment be used? (Ex. Tap shoes, rollers, casters	s, etc.)	YES	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?				
WEST 23 RD STREET, HAZLE TOWNSHIP, PA 18202 WITHIN BE PROCESSED WITHOUT COMPLETED QUESTIONNAIRE FORM. IF YOU HAVE NON PROFIT OR 501(c)(3) STATUS YO	OU MUST PROVIDE I	INSURANCE AND A SI PROOF OF SUCH WITI	IGNED H.A.S.D. RU H THIS APPLICAT	ILES ION.
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IMPORTANT					
PLEASE SIGN AND RETURN					
I,	have read and agree to follow the attached				
	ovisions and Procedures included within the (Rental Policy #70 other conditions placed on me or my organization by authorized rict.				
	Date				
	Organization				
	Rental Dates				
	Facility				
	Contact Person (PRINT)				
	()Contact Phone Number				
(I	For HASD Use)				
APPLICAT	ΓΙΟΝ #				
Last Updated (06/24/2013)					