



FOREST AREA SCHOOL DISTRICT

Central Office: Mrs. Amanda Hetrick, Superintendent
22318 Route 62, Box 16, Tionesta, PA 16353 (814) 755-4491 Fax: (814) 755-2426

East Forest Schools: Mrs. Debra Arner, Principal
120 W. Birch St, PO Box 308, Marienville, PA 16239
(814) 927-6688 Fax: (814) 927-8452

West Forest Schools: Ms. Staci Blair, Principal
22318 Route 62, Box 15, Tionesta, PA 16353
(814) 755-3302 Fax: (814) 755-2427

FOREST AREA SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Date Received: _____

Person Responsible: _____
Team, Class, or Group: _____
Address: _____
Phone Number: _____
Email: _____

Date (s) of Usage: _____

Internal Use _____

Board Approval Needed _____

- Please note if use of the building is needed the day before the event.

Intended Usage: _____

Times Of Usage:

Set Up Time: _____ User is responsible for setting up.

Event Time: _____ To _____

Clean Up Time: _____ User is responsible for tearing down, cleaning up, and trash removal under the direction of District custodians.

Facility Requested: EFE _____ EFH _____ WFE _____ WFH _____

Access will be through only one door:

____ East Forest – Front Door

____ West Forest – Front Door

____ WF High School Gym Door

____ WF Elementary Gym Door

*All other doors will remain locked.

The Forest Area School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment practices and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to Mrs. Amanda Hetrick, Title VI Coordinator, Mrs. Elisha Pospisil, Title IX Coordinator, or Mrs. Debra Arner, Section 504 Coordinator at (814) 755-4491

Space Requested:

- Kitchen (must employ a district employee – fee for kitchen use)
- Cafeteria
- High School Gym
- Elementary Gym
- Classroom Space
- Library
- Stage
- Other (Please Specify) _____

Equipment Needed:

- Access to copier – (must have principal signature) _____
- Sound Equipment
 - Microphone – Cordless
 - Microphone – Lapel
 - Microphone Stand
- Podium

- | | |
|---|--|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Gym Equipment (Please list) |
| <input type="checkbox"/> Projector | _____ |
| <input type="checkbox"/> Projector Screen | _____ |
| <input type="checkbox"/> Laptop | _____ |
| <input type="checkbox"/> Internet Access | _____ |
| <input type="checkbox"/> Speakers | _____ |

- Refrigerator
- Cooler
- Freezer
- Tables - # requested _____
- Chairs - # requested _____
- Other - _____

***All equipment must be returned in same condition as issued to you.
Custodians are not authorized to grant access to any other part of the building not requested on this form.**

I understand that I am responsible for the appropriate behavior of those present at the scheduled event(s) and the conditions of the facility and equipment when the event is finished. If anything unforeseen happens during the course of this scheduled event, it will be reported to the school administrator and I/we will assume the financial responsibility for restoring the facility to its original condition.

Signature of Applicant _____

Principal Signature _____

Business Manager _____

Superintendent _____

WF Maintenance _____

EF Maintenance _____

For District Use Only	
_____	Free Usage
_____	Rental Fee
_____	Custodial Fees
_____	Cafeteria Fees

*Pertains to Forest Area School District Policy 707
(Revised 3/2016)