



**BLOOMSBURG AREA SCHOOL DISTRICT**  
**728 East Fifth Street, Bloomsburg, PA 17815**



**FACILITIES USE REQUEST FORM**

Name of Organization: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

School Organization is Requesting to Use:

\_\_\_\_\_ Beaver-Main Elementary School (245 Beaver Valley Road, Bloomsburg, PA 17815)

\_\_\_\_\_ W.W. Evans Elementary School (59 Perry Avenue, Bloomsburg, PA 17815)

\_\_\_\_\_ Memorial Elementary School (500 Market Street, Bloomsburg, PA 17815)

\_\_\_\_\_ Bloomsburg Middle School (1100 Railroad Street, Bloomsburg, PA 17815)

\_\_\_\_\_ Bloomsburg High School (1200 Railroad Street, Bloomsburg, PA 17815)

Room/Area Requesting to Use: \_\_\_\_\_

Equipment Requesting to Use: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Set-Up Time: \_\_\_\_\_ Tear-Down Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Are custodial services required? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please complete Attachment A.)

Are cafeteria services required? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please complete Attachment B.)

Is use of the high school auditorium being requested? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please Complete Attachment C.)

*Applicant's signature below indicates he/she has read this form in its entirety and agrees to the terms set forth herein.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

This form must be received by **Tina Hrinda** at least seven (7) calendar days prior to the date of the activity.

\_\_\_\_\_  
Signature of Operations Admin. Asst. & Date

Approved: \_\_\_\_\_  
Denied/Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Principal & Date

Approved: \_\_\_\_\_  
Denied/Reason: \_\_\_\_\_

**To be Completed by Operations Administrative Assistant:**

Itemized costs involved: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 TOTAL = \$ \_\_\_\_\_ (Organization will be invoiced for facility use after activity has occurred.)

**Rules & Regulations for Facility Usage:**

- Approval/denial of this request is not valid until requestor receives copy of this form.
- Organization must submit certificate of liability.
- All applicants for use of district facilities shall hold the district free and without harm from any loss or damage liability or expense that may arise during or be caused in any way by such use or occupancy of district facilities. Any damage caused by such use will result in the organization being billed for such damage or loss. The Bloomsburg Area School District reserves the right to suspend permission for use of school facilities at its sole discretion. The undersigned agrees to abide by the foregoing stipulation without reservation or recourse of any nature.
- All groups using the facilities on weekends will be assigned one custodian or maintenance staff to open the doors, to be with the group throughout the performance/contest, rehearsal/etc., and be responsible for locking all doors and turning off all lights. The custodian/supervisor will be paid at an overtime rate (two-hour minimum), and the total costs will be paid by the using organization
- When one or more custodian, maintenance staff, and/or security staff are required, as determined district administration, the contract will contain the additional costs
- In most cases, cleanup after a large event will require additional custodial staff for a limited number of hours. These costs will be billed to the organization.
- Any cost to the district must be reimbursed.

**Auditorium:**

- The auditorium supervisor will be on duty at all times during which outside organizations are using the facility.
- The renting organization will meet with the auditorium supervisor at least 48 hours prior to the use of the auditorium to determine the number of people needed and the services required.
- Only school district employees or designees will operate the auditorium equipment. Time sheets for these employees are to be signed each night by the person in charge for the renting organization.
- The auditorium supervisor and the stage crew shall be paid for one-half hour before each rehearsal and one hour before each performance. Estimated cleanup time is two man-hours after each rehearsal and six man-hours after each performance.
- Invoice for auditorium worker(s) will be sent under separate cover, from the Bloomsburg High School office.

**Pool:**

- The pool will not be used for fund-raising purposes or personal/private use.
- Whenever the pool is in use, the following district staff member will be present: 1-30 people – 1 staff member, 31-70 people – 2 staff members or 1 staff member and 2 lifeguards.

**Suggested Rates:**

	Private for Profit Rate	Non-Profit, Non-School-Related Rate	Non-Profit, School-Related Rate
Classroom	\$10/hour	\$5/hour	No charge
Gymnasium	\$100/hour	\$50/hour	\$20/hour
Pool	\$100/hour	\$50/hour	\$20/hour
Cafeteria	\$30/hour	\$15/hour	\$15/hour
Kitchen	\$30/hour	\$15/hour	\$10/hour
Auditorium	\$100/hour	\$50/hour	\$20/hour
Athletic Fields	\$50/hour	\$25/hour	\$15/hour
• With Lights	\$25/hour	\$25/hour	\$25/hour
• Field Prep	\$25/hour	\$25/hour	\$25/hour
Custodian/Maintenance	\$15/hour	\$15/hour	\$15/hour
Cafeteria Staff	\$15/hour	\$15/hour	\$15/hour
Security	\$12/hour	\$12/hour	\$12/hour
Auditorium worker	\$10/hour	\$10/hour	\$10/hour

**Building Secretaries**

Once this form has been approved, please scan/e-mail a copy to the following individuals:

- Building Principal
- Tina Hrinda, Secondary Complex
- Organization Requesting Use of BASD Facilities
- Melissa Everhart, Food Service Director
- Stephanie Kessler, District Office

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Facilities Use Request Form  
Attachment A

**CUSTODIAL SERVICES REQUEST FORM**

Requested By: \_\_\_\_\_ Date of Request: \_\_\_\_\_

- Building:      Beaver-Main Elementary School  
                   W.W. Evans Elementary School  
                   Bloomsburg Memorial Elementary School  
                   Bloomsburg Middle School  
                   Bloomsburg High School  
                   Other: \_\_\_\_\_

Date of Services: \_\_\_\_\_ Time: \_\_\_\_\_

List Services Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Operations Admin. Asst.

\_\_\_\_\_  
Signature of Principal

Custodian Completing Work: \_\_\_\_\_

Time Worked:

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

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Facilities Use Request Form  
Attachment B

**CAFETERIA SERVICES REQUEST FORM**

Requested By: \_\_\_\_\_ Date of Request: \_\_\_\_\_

- Building:      Beaver-Main Elementary School  
                  W.W. Evans Elementary School  
                  Bloomsburg Memorial Elementary School  
                  Bloomsburg Middle School  
                  Bloomsburg High School  
                  Other: \_\_\_\_\_

Date of Services: \_\_\_\_\_ Time: \_\_\_\_\_

List Services Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Operations Admin. Asst.

\_\_\_\_\_  
Signature of Principal

Cafeteria Staff Completing Work: \_\_\_\_\_

Time Worked:

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

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Facilities Use Request Form  
Attachment C

**HIGH SCHOOL AUDITORIUM USE REQUEST FORM**

Requested By: \_\_\_\_\_ Date of Request: \_\_\_\_\_

- Building:      Beaver-Main Elementary School  
                   W.W. Evans Elementary School  
                   Bloomsburg Memorial Elementary School  
                   Bloomsburg Middle School  
                   Bloomsburg High School  
                   Other: \_\_\_\_\_

Date of Services: \_\_\_\_\_ Time: \_\_\_\_\_

List Services Requested (including use of equipment such as microphones, podium, projector and screen DVD player, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Operations Admin. Asst.

\_\_\_\_\_  
Signature of Principal

Auditorium Technician Completing Work: \_\_\_\_\_

Time Worked:

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_

Date: \_\_\_\_\_ Time (from & to): \_\_\_\_\_