

Erie County Technical School

Facility Use Request Form

Requests Must be submitted 30 days in advance of the schedule date

Applicants Complete this section:

APPLICATION TO USE: High School Regional Skill Center

Specific Location/Room _____
(i.e. Classroom, Lab, Kitchen, Cafeteria, Grounds, Parking Lot, hallway, etc.).

Name of Group _____

Describe Purpose of/Type of event _____

Date Requested _____ Time Requested From _____ To _____

"All Weekend Events will be charged for Required School Staff Support"

Approximate number attending; Adults _____ Children _____

Will Items Be Sold? Yes No If Yes List Items _____

Are you having a raffle Yes No If yes License number _____

Will Items be displayed Yes No If Yes, List Items _____

Will admission be charged? Yes No if Yes List Charge _____

Will Service Fees be charged? Yes No If Yes List Fees _____

Equipment Needed:

Applicant Must make an appointment (814-464-8615) with Facility Manager to determine if desired equipment is available and assess staff needed to run the event:

Insurance Information/Authorized Representative Making Application (Must be an adult)

Company Name _____ Policy Number _____ Expiration Date _____

as outlined in Board Policy No. 707. Groups using the facilities must present a valid certificate of insurance. A certificate of insurance with coverage of at least \$1,000,000.00 must be provided with the following endorsement: "Erie County Technical School is additionally insured, Variations of this statement are not acceptable and use of facility will be denied. Lessee will assume responsibility for damages to facilities (beyond normal wear), as well as loss of any school equipment during use of facilities and understand that the Joint Operating Committee assumes no liability for any loss, damage or personal injury occurring through the use of facility requested in the application indicated in Board Policy No, 707. We also agree to the rules and regulations concerning all facilities, parking and inspection.

Name: _____ Address _____ Phone _____

Signature of Authorized Representative _____ Title _____

SCHOOL COMPLETES THIS SECTION

- (ECTS) - ECTS Related Groups/Organizations
- (GOVT) - Government, Community, Civic/Service Organizations
- (NP) - Non-Profit Organizations
- (FP) - For Profit Organizations

_____	+	_____	+	_____	+	_____	+	_____	=	_____
Facility Charge		Staff Charges		School Police		Equipment		Food		Total Due

It is understood that facility use applicant has read, understands and will comply with Joint Operating Committee Policy 707: Use of School Facilities. (Policy is available at www.ects.org)

Please Note:

* Non-ECTS related applicants must provide a Certificate of insurance as evidence of organizational liability with limits required by school guidelines,(\$1,000,000.00),with the school as an additional named insured

* The school shall be held harmless by the user for any liability that arises from use of facilities by the individual group

* The approved user shall be financially liable for damages to the facilities.

* The approved user is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place

* The approved user is responsible for performing all custodial chores necessary to restore the facility to the condition in which it was found. Payroll costs will be billed to the approved user for any additional services required by school employees for such chores

High School				
	ECTS	GOVT	NP	FP
Classroom	No Charge	\$15/hour	\$30/hour	\$60/hour
Lab	No Charge	\$25/hour	\$50/hour	\$100/hour
Cafeteria	No Charge	\$25/hour	\$50/hour	\$100/hour
Kitchen	No Charge	\$25/hour	\$50/hour	\$100/hour
Hallway	No Charge	\$5/hour	\$10/hour	\$20/hour
Computer Lab	No Charge	\$25/hour	\$50/hour	\$100/hour
School Resource Officer	No Charge	\$30/hour	\$40/hour	\$80/hour
Grounds	No Charge	No Charge	\$25/hour	\$50/hour
Parking Lot	No Charge	No Charge	\$25/hour	\$50/hour

Skill Center				
	ECTS	GOVT	NP	FP
Classroom	No Charge	\$15/hour	\$30/hour	\$60/hour
Lab	No Charge	\$25/hour	\$50/hour	\$100/hour
Cafeteria	No Charge	\$25/hour	\$50/hour	\$100/hour
Kitchen	No Charge	\$25/hour	\$50/hour	\$100/hour
Hallway	No Charge	\$5/hour	\$10/hour	\$20/hour
Computer Lab	No Charge	\$25/hour	\$50/hour	\$100/hour
School Resource Officer	No Charge	\$30/hour	\$40/hour	\$80/hour
Grounds	No Charge	No Charge	\$25/hour	\$50/hour
Parking Lot	No Charge	No Charge	\$25/hour	\$50/hour

Other Charges _____

Applicant's Signature _____ Date _____

Use of Facilities Request Application: Approved _____ Denied: _____

** Actual amount will be invoiced after the event and payment is due within 30 days of the invoice date*

Facility Manager's Signature: _____ Date: _____

Director's Signature: (if Required) _____

JOC Approval Date (If Required) _____