APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES
*OUTSIDE ATHLETIC FACILITIES*

ORGANIZATION: ____________________________________________________________

PERSON IN CHARGE: _______________________________________________________

STREET ADDRESS: _________________________________________________________

CITY & ZIP CODE: ___________________________ TELEPHONE NO: ________________

SCHOOL BUILDING/ORGANIZATION: _________________________________________

PURPOSE FOR REQUESTING FACILITY: _______________________________________

If charging an admission fee, how much? _______________________________________

Building Requested: ___________________________ Date(s) of Event: _______________

Area to be used: ___________________________ Please Circle Day(s) Mon Tue Wed Thru Fri Sat Sun

Number of people attending _____________________ Actual Event Time: Start: Finish:

I, or the organization I represent, hereby agree to hold ourselves responsible for the supervision of the activity, for the conduct of all persons present, and for any damage which may result to school property. We further agree to be responsible for all charges that may be made. We have read and concur with the attached list of rules and the condition as outlined on the reverse side. We agree to hold the Diocese of Cleveland and Cleveland Central Catholic High School harmless from any actions that may result from our use of the school district facility and I have obtained liability insurance for $1 million naming the Diocese of Cleveland and Cleveland Central Catholic High School as the certificate holder. I understand the Diocese of Cleveland and Cleveland Central Catholic High School has the right to cancel this permit.

X
Signature of Applicant

Date

Special Equipment Requested: (Indicate with an X)

<table>
<thead>
<tr>
<th>Stadium Building – TV/VCR</th>
<th>Restroom:</th>
<th>Home</th>
<th>Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press Box</td>
<td>Concession Stand:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoreboard</td>
<td>Soccer Goals</td>
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<tr>
<td>Track Equipment:</td>
<td>Other:</td>
<td></td>
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<tr>
<td>Refreshments</td>
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</tbody>
</table>

For Office Use:

Expiration of Insurance:
(Administrator to initial for approval and return to the business Office)

Principal

Athletic Director

Supervisor Buildings, Grounds & Custodial Staff

X

APPROVED BY BUSINESS MANAGER

DATE APPROVED

BOARD APPROVAL REQUIRED

Estimated Charges: Stadium $ _________ Practice: $ _________ Lights $ _________

Equipment $ _________ Custodial $ _________ Security $ _________ Parking Attendant $ _________

*BEN STANSKI II STADIUM II IS A SMOKE-FREE ENVIRONMENT*