



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 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)

- | | | | | | | |
|---------------------------|--------------------------|-------------------|------|--------------------------|---------|--------------------------|
| Stadium Building – TV/VCR | <input type="checkbox"/> | Restroom: | Home | <input type="checkbox"/> | Visitor | <input type="checkbox"/> |
| Press Box | <input type="checkbox"/> | Concession Stand: | | <input type="checkbox"/> | | |
| Scoreboard | <input type="checkbox"/> | Soccer Goals | | <input type="checkbox"/> | | |
| Track Equipment: | <input type="checkbox"/> | Other: _____ | | | | |
| Refreshments | <input type="checkbox"/> | | | | | |

For Office Use:

Expiration of Insurance: _____

(Administrator to initial for approval and return to the business Office)

Principal	_____	Approval
Athletic Director	_____	
Supervisor Buildings, Grounds & Custodial Staff	_____	

X
APPROVED BY BUSINESS MANAGER _____

DATE APPROVED

BOARD APPROVAL REQUIRED BOARD APPROVED ON _____

Estimated Charges: Stadium \$ _____ Practice: \$ _____ Lights \$ _____

Equipment \$ _____ Custodial \$ _____ Security \$ _____ Parking Attendant \$ _____

BEN STANSKI II STADIUM II IS A SMOKE-FREE ENVIRONMENT