

**SELINGROVE AREA SCHOOL DISTRICT REQUEST FOR TEMPORARY USE OF GROUNDS AND/OR BUILDINGS**  
**\*\*REQUESTS MUST BE RECEIVED BY THE BUSINESS OFFICE AT LEAST 10 WORKING DAYS BEFORE ACTIVITY\*\***

DATE: \_\_\_\_\_ INDIVIDUAL MAKING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER/CELL PHONE#: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

ORGANIZATION/SPONSOR: \_\_\_\_\_

AGENDA & CONTENTS OF ACTIVITY TO BE HELD (ATTACH AGENDA AND/OR ADDITIONAL SHEETS AS NECESSARY)

\_\_\_\_\_

IS YOUR ORGANIZATION A LOCAL CIVIC ORGANIZATION DESIRING FREE USE OF THE BUILDING(S)? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF ORGANIZATION: LOCAL CIVIC \_\_\_\_\_ BOOSTER CLUB \_\_\_\_\_ BUSINESS \_\_\_\_\_

WILL DONATIONS BE TAKEN OR ADMISSION CHARGED? YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF INDIVIDUALS EXPECTED TO ATTEND: \_\_\_\_\_ SELINGROVE RESIDENTS ONLY: YES \_\_\_\_\_ NO \_\_\_\_\_

SCHOOL GROUNDS(S) REQUESTED FOR USE: \_\_\_\_\_

SCHOOL BUILDING(S) REQUESTED FOR USE: \_\_\_\_\_

AREAS OF BUILDING(S) REQUESTED: \_\_\_\_\_

SPECIAL EQUIPMENT OF THE SCHOOL DISTRICT REQUESTED FOR USE: \_\_\_\_\_

DATE(S) OF REQUEST: \_\_\_\_\_ TIME TO BE OPENED: \_\_\_\_\_ TIME TO BE CLOSED: \_\_\_\_\_

\_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

\_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

NAME & ADDRESS OF PERSON(S) TO BE INVOICED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PERSON RESPONSIBLE FOR GROUP: \_\_\_\_\_

PRINTED NAME OF PERSON RESPONSIBLE FOR GROUP: \_\_\_\_\_

**RETURN FORM TO:** SELINGROVE AREA SCHOOL DISTRICT  
BUSINESS OFFICE  
329 SEALS AVENUE  
SELINGROVE, PA 17870-1198  
PHONE: 570-374-1144 EXT. 3611 FAX: 570-372-2211

**DO NOT WRITE BELOW THIS LINE- FOR OFFICAL USE ONLY**

RENTAL FEE \_\_\_\_\_ CERTIFICATE OF INSURANCE RECEIVED \_\_\_\_\_ CUSTODIAL FEES \_\_\_\_\_

APPROVED  DENIED  REASON: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_