



Neshannock Township School District
Office of the Superintendent

NT - 03

Use of School Facilities

(Central Office Only)
Board App Yes _____
No _____
Date _____

Name of Organization _____

Name of Person Making Request _____

Address _____

Telephone _____ Fax # _____ Approx Group Size _____

Facility Requested _____ Neshannock Memorial School

_____ Neshannock Junior/Senior High School

Area(s) Requested _____ gymnasium _____ auditorium

_____ cafeteria _____ classroom

_____ other (please specify) _____

Equipment/Staff Requested _____

Describe Event/Activity _____

Date(s) of Event _____ Time(s) From _____

Admission Charge (if any) _____ To _____

Applicant Signature _____ Date _____

Administrator Signature _____ Date _____

Superintendent Signature _____ Date _____

Central Office Use Only:

Rental Fee Required _____ Fee _____

Security Protection Required _____ Fee _____

Cafeteria Personnel Required _____ Fee _____

Custodial Services Required _____ Fee _____

Add'l Needs/Fees _____ Fee _____

Specify _____

Total Fees _____

Fees Paid _____ Date _____

Approval Notification:

Applicant _____

Administrator _____

Maintenance _____