



Use of School Facilities Request Application

Individual or Organization Name: French Creek Council, Boy Scouts of America

Address: 1815 Robison Rd. W.

Telephone: 814-868-5571 Fax: 814-866-7514

Representative's Name: Amanda Burkett

Address: 951 Warren Ave. Niles, OH 44446

Telephone: 724-636-0273 Fax: N/A

Date(s) of Event: June 18-22 (Set up 17th), 2018

Time Schedule of Event: 8AM - 5 PM

Description of Event: Cub Scout Day Camp.

Sections of Buildings or Grounds to be used:

Parking lot area, Shop/garage

Furniture and/or equipment needed (Tables/chairs, etc.) please itemize:

Tables, chairs, small refrigerator

It is understood that the facility user applicant has read, understands and will comply with Joint Operating Committee Policy 707: Use of School Facilities

Please Note:

- The school shall be held harmless by the user for any liability that arises from use of facilities by the individual or group.
- The approved user shall be financially liable for damages to the facilities.
- Non-school related applicants must provide a Certificate of Insurance as evidence of organizational liability with limits required by school guidelines with the school as an additional named insured.
- 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 and furniture 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.

Fee Schedule

	School-related groups	Individuals and Non-profit organizations	For Profit organizations
Classroom	No Charge	\$25/hour	\$50/hour
Cafeteria	No Charge	\$40/hour	\$80/hour
Corridor	No Charge	\$10/hour	\$20/hour
Kitchen	No Charge	\$40/hour	\$80/hour
Laboratory	No Charge	\$40/hour	\$80/hour
Grounds	No Charge	\$25/hour	\$50/hour
School employee payroll costs	No Charge	Actual cost	Actual cost
Liability Insurance Certificate	N/A	Limit \$1,000,000	Limit \$1,000,000

Other Charges: _____

Applicant's Signature: Chandra R. Burkett Date: 2-12-18

ISO Form Number: 3300.00.01

Revision Date: February 24, 2011

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Total Estimated* Amount Due:

Director's Signature: Joseph Tarasovitch Date: 2/15/18

ISO Form Number: 3300.00.01	Revision Date: February 24, 2011
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