

## Schuylkill Technology Center Application for Facility Usage

### CHECK ONLY ONE BOX

<input type="checkbox"/> <b>Group A</b> Schuylkill Intermediate Unit 29 and Schuylkill Technology Center classes, clubs, organizations, or other school related groups. (No charge for groups listed above)	<input type="checkbox"/> <b>Group B</b> Participating school districts, state, county and local government agencies, civic and nonprofit organizations. (A 25% discount of Facility Use Fee Schedule is applied for all eligible groups listed above)	<input type="checkbox"/> <b>Group C</b> All others (See facility Use Fee Schedule)
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Requesting Organization \_\_\_\_\_

Primary Legal Adult Contact (please print) \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Room Requested \_\_\_\_\_

Purpose of Rental \_\_\_\_\_

Date(s) of Event(s) \_\_\_\_\_

Time(s) of Event(s) \_\_\_\_\_

Is set up time needed for your event? \_\_\_ Yes \_\_\_ No

Date and Time of Set Up: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

Will admission be charged? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \_\_\_\_\_

Are any fees charged to participants? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \_\_\_\_\_

**Check additional needs/requirements:**

<input type="checkbox"/> <b>Chairs</b>	<b>Number of chairs needed:</b>	<input type="checkbox"/> <b>Audio/Visual Equipment</b>
<input type="checkbox"/> <b>Tables</b>	<b>Number of tables needed:</b>	<input type="checkbox"/> <b>Podium</b>

**ACCEPTANCE OF AGREEMENT:**

The individual signing this request has the full power and authority to act on behalf of and to enter into binding agreements for the organization or entity listed above.

By signature below, you acknowledge that you have reviewed and understand the **STC APPLICATION AND PROCEDURE FOR THE USE OF SCHOOL FACILITIES** and agree to bound by and comply with their respective terms.

You agree to and do hereby assume all risks relating in any way to your organization's use of STC facilities, including, without limitation, any risks of property damage and/or personal injury to any person, including employees of your organization, who use or whom you permit to use or have access to facilities. You agree to and do hereby completely release and its employees, administrators, and Board of Directors from all liability, known and unknown, relating to your organization's use of facilities, and you further agree to indemnify and hold STC and its employees, administrators and Board of Directors harmless from any damage or loss, including without limitation attorney's fees and costs, which arise out of or relates in any way to your use of facilities.

**Organization Representative Signature** \_\_\_\_\_

*For office use:*

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**Certificate of Liability Received: Yes** \_\_\_ **No** \_\_\_

**STC Representative Signature** \_\_\_\_\_

**Board Approval Date** \_\_\_\_\_

<b>Fee for Room Rental</b>		\$
<b>Additional Fees</b>		\$
<b>Total Rental Fee</b>		\$

**\*Once completed, please forward the completed application to the Office of Executive Director, PO Box 130, 17 Maple Avenue, MarLin, PA 17951**