



North Allegheny School District

Building/Facility Use Application

The Sponsor or Person in Charge is required to be on-site at all times.

Organization

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Mr. Ms. Mrs. Dr. *List other contacts on back*

Organization Contacts #1

First Name: _____ Middle Name: _____ Last Name: _____

Title: _____ Contact Order: #1 #2 #3

- Contact Type:
- Primary & Billing
 - Primary
 - Secondary
 - Sponsor
 - Standard
 - Billing

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Ext: _____ Home Phone: _____ Ext: _____ Home Fax: _____

Work Phone: _____ Ext: _____ Work Fax: _____ Work Email: _____

Cell Phone: _____ Pager Fax: _____ Home Email: _____

Building Requested

Elementary

Middle

Secondary

Other

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bradford Woods (11) | <input type="checkbox"/> Carson (23) | <input type="checkbox"/> Intermediate (33) | <input type="checkbox"/> Baierl Center (03) |
| <input type="checkbox"/> Franklin (13) | <input type="checkbox"/> Marshall (18) | <input type="checkbox"/> Ingomar (24) | <input type="checkbox"/> High School (35) |
| <input type="checkbox"/> Hosack (14) | <input type="checkbox"/> McKnight (16) | <input type="checkbox"/> Marshall (25) | |
| <input type="checkbox"/> Ingomar (15) | <input type="checkbox"/> Peebles (17) | | |

*** Please list actual usage time of the building/facility—not just performance time, meeting time, etc. Include enough time for setups and cleanup. Doors will only be opened at times listed below.

Please list the facility(ies) / room(s), dates & times you requested

Room/Facility	Dates	Day of Week	From Time	To Time	Admission

List any additional dates on a separate sheet of paper and attach it to this application.

Activity Info

Activity _____ Number of Chairs _____
 Kitchen Access? Yes Estimated # of Attendees _____
 No

Activity Needs

- | | | |
|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Lectern | <input type="checkbox"/> PA System | <input type="checkbox"/> Other |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Restrooms | Please |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Stage Light | List: |

PLEASE ENTER ANY ADDITIONAL CONTACTS AND SIGNATURES FOR APPROVAL ON THE BACK

**Organization
Contact #2**

Mr. Ms. Mrs. Dr.

First Name: _____ Middle Name: _____ Last Name: _____

Title: _____ Contact Order: _____

- Contact Type:
- Primary & Billing
 - Primary
 - Secondary
 - Sponsor
 - Standard
 - Billing

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Ext: _____ Home Phone: _____ Ext: _____ Home Fax: _____

Work Phone: _____ Ext: _____ Work Fax: _____ Work Email: _____

Cell Phone: _____ Pager Fax: _____ Home Email: _____

**Organization
Contact #3**

Mr. Ms. Mrs. Dr.

First Name: _____ Middle Name: _____ Last Name: _____

Title: _____ Contact Order: _____

- Contact Type:
- Primary & Billing
 - Primary
 - Secondary
 - Sponsor
 - Standard
 - Billing

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Ext: _____ Home Phone: _____ Ext: _____ Home Fax: _____

Work Phone: _____ Ext: _____ Work Fax: _____ Work Email: _____

Cell Phone: _____ Pager Fax: _____ Home Email: _____

**Approvals
Signatures Required**

Building Principal: _____
Required for Building Use

Athletic Director: _____
Required for Gymnasium Use

Stage Manager: _____
Required for Auditorium Use

Cafeteria Manager: _____
Required for Kitchen Use

Director of Facilities: _____
Required for all Permits