

FACILITY USE REQUEST

Mifflin County Academy of Science & Technology

Organization / Group: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

MCAST Sponsored Event MCAST/MCSD Employee Request Non School

Note all MCAST sponsored events will be given first priority to facility access.

Date(s) Needed: _____

Dates must be listed individually if additional dates are requested.

Name of Event / Meeting / Class: _____

Arrival Time: _____

Departure Time: _____

Room / Space Needed:

Parliament Chambers (U-shaped Meeting) 1-20

Cafeteria(Cafeteria Style Set up) 1-100

Annex Conference Room 1-10

Student Services (After hours only) 1-48

Number of Participants: _____

Set Up Needed: _____

Audio-Visual Equipment Needed: _____

Additional Information / Requests: _____

Internet Access Required: Yes or No If so, how many people will need access? _____

- Permission to use school facilities is granted only under the assumption that those individuals in charge of the activities are exercising proper use and care of all school areas and equipment while in use.
- Failure to properly take care of school facilities will result in revoking privileges to those individuals.
- You, or the organization you represent, must provide proof of general liability insurance, naming Mifflin County Academy as additionally insured. The coverage must have minimum general liability limits of \$1,000,000 per occurrence with a \$2,000,000 aggregate. Please provide your certificate or other proof of insurance evidencing appropriate coverage with this application In accordance with Section 4 of the policy, your organization will be required to furnish the Academy with protection from liability by presenting evidence of the purchase of organizational liability insurance and completing and Agreement of Indemnity executed by an officer of the organization. An Agreement of Indemnity remains active for future applications made throughout the current fiscal year July 1 through June 30.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE MCAST USE OF FACILITY POLICY AND ACCEPTS RESPONSIBILITY FOR THE REQUIREMENTS STATED HEREIN. THE UNDERSIGNED HAS REVIEWED AND ACCEPTS THE ESTIMATED FEES LISTED ABOVE WITH THE UNDERSTANDING THAT FEES ARE SUBJECT TO CHANGE.

SIGNATURES FOR APPROVAL:

Administrative Director: _____ Date: _____

Business Office (If Fees are Charged) _____ Date: _____

**** Please contact A. Michael Durn amd05@mcsdk12.org to cancel your event. ****

Return Application, Indemnity Agreement & Liability Insurance Certificate to Administrative Director.

INDEMNITY AGREEMENT

The undersigned, in consideration of the grant of permission to us requested facilities/areas of the Mifflin County Academy, does hereby agree to indemnify and hold forever harmless Mifflin County Academy of Science and Technology, its successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity that may hereafter at any time be made or brought against Mifflin County Academy of Science and Technology arising out of or on account of any accident or injury to person or property sustained by any such person in consequence of the use of the premises of Mifflin County Academy of Science and Technology pursuant to the grant of permission by Mifflin County Academy of Science and Technology.

IN WITNESS WHEREOF, this Indemnity Agreement has been executed the _____ day of _____, 2__.

Signature of Representative of Organization _____

Printed Name _____

Academy Use Only

Copy to:

Person Making Request: _____ *Custodial Staff:* _____ *Business Office:* _____

Added to Calendar (with details): Yes _____ *(Initials)* *Room checked for damage:* Yes _____ *(Initials)*

Fee paid: Yes or No *When was it paid:* _____ *Form of payment was taken:* _____

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Schedule – Rental Charges

Area	Fee/Hour	Fee/Day (8 hours) (5 x Hr./Rate)
Instructional Classroom <i>Parliament Chambers</i>	\$10.00	\$50.00
Large Meeting Room <i>Cafeteria</i> <i>Student Services</i> <i>Not Available during Regular School Day</i>	\$12.00	\$85.00
Small Conference Room <i>Annex Building</i>	N/A	\$50.00

Supplemental Fees

Custodial Services

\$20/hour Nonscheduled hours

A member of the MCAST/MCSD staff must be present and responsible for the meeting, or custodial services are required.

*Any portion of the above fees may be waived.