EASTERN LANCASTER COUNTY SCHOOL DISTRICT 669 EAST MAIN STREET, P.O. BOX 609 NEW HOLLAND, PA 17557

Today's Date:

Name of Occasionations						Today's Date:		
Name of Organization The undersigned herel	by makes application fo	or the use of schoo	l facilities as follows:					
Name of Building: Date(s) Desired: Number Expected to Attend:			Part of Building: Hours Desired:					
							Will Admission be charged: Yes No	
			State specific purpos	se of use – BE COMPL	LETE:			
Check all equipment	needed and describe l	below (additional	charges may apply):					
Sound System	Stage Lighting	Scoreboard	Microphones	ПТ	V/VCR			
Cafeteria Kitchen	Canteen	☐Video/Computer Projector		Podium				
Other – Describe:								
Please attach specific	c layout if a special set	up is requested.						
bodily injury / property of The "USER" herby agreall claims, suits, liabilitied damage, sustained by an agree to indemnify the Eand liabilities incurred a *The capacity of the a	maming the Eastern Lanca damage must be received ses to save harmless, the sa es, litigations or proceeding by person, firm, organization ELANCO School Authority as a result of any such claim auditorium is 808 / Com	with the application aid ELANCO School ngs of any kind or na on, or corporation are y and/or the ELANC ms or any action or parameters.	for facility usage. In District Authority and/ ature, by reason of any incrising out of the use of sacco School District from proceeding brought there To Organizations using	for ELANC njury, or al nid premise and agains con. g these fac	CO School E leged injury es and facilit st all costs, c	District, from any and district, from any and district, from any and district and we further counsel fees, expense at take responsibility		
APPLICANT ARE F	L NOT be exceeded. APROHIBITED WITHOUTE MEET	OUT PRIOR API	PROVAL OF THE B	USINES	S MANAG	GER. PLEASE		
	he event of school closi tion. School activities v				t be availa	ble . Please phone		
	none number & email of e being used and who w					ent at the time the		
Name:			Email:					
Address:			Phone:					
City, ST Zip:								
			BASIC FI	EE				

Date

Cc: Business Office, Maintenance, Technology

Charges to be billed later