

**NORTH PENN SCHOOL DISTRICT FACILITIES REQUEST FORM**  
**630 WEST 8<sup>TH</sup> STREET; LANSDALE, PA 19446**  
 (EMAIL FORM TO: [NORTONDM@NPENN.ORG](mailto:NORTONDM@NPENN.ORG)); 215-853-1170

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT MAILING ADDRESS: \_\_\_\_\_

PHONE: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ORGANIZATION WEB SITE: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

PROGRAM DATE: \_\_\_\_\_

NUMBER ATTENDING PROGRAM: \_\_\_\_\_ ADMISSION or DONATION FEE:  Yes  No

**ROOMS AND TIMES:**

Group must clearly indicate all set up and final clean up times for each room requested. Final clean up time is when the group is required to completely exit the building.

**SCHOOL REQUESTED:** \_\_\_\_\_

|                                       | SET UP TIME | PROGRAM START | PROGRAM END | FINAL CLEAN UP |
|---------------------------------------|-------------|---------------|-------------|----------------|
| CAFETERIA                             | : a.m./p.m. | : a.m./p.m.   | : a.m./p.m. | : a.m./p.m.    |
| GYM                                   | : a.m./p.m. | : a.m./p.m.   | : a.m./p.m. | : a.m./p.m.    |
| AUDITORIUM<br>(Middle School Only)    | : a.m./p.m. | : a.m./p.m.   | : a.m./p.m. | : a.m./p.m.    |
| OTHER<br>(IMC, Athletic Fields, etc.) | : a.m./p.m. | : a.m./p.m.   | : a.m./p.m. | : a.m./p.m.    |

**SPECIAL SET-UPS:**

PODIUM:  Yes  No | NUMBER OF TABLES \_\_\_\_\_ NUMBER OF CHAIRS \_\_\_\_\_

TECHNOLOGY NEEDS:  Yes  No AUDIO/VISUAL NEEDS:  Yes  No

If yes, please list all items needed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*A COPY OF THE PROGRAM, INCLUDING ANY MUSIC THAT WILL BE PLAYED WITH SPECIFIC TIMES MUST BE SUBMITTED.*

FOOD SERVICE IS REQUIRED WHEN ANY HEATING, COOKING OR EQUIPMENT IS REQUESTED:

NEEDED  NOT NEEDED

*ACCESS TO THE KICHEN, FOR ANY REASON, WILL NOT BE ALLOWED IF FOOD SERVICE IS NOT REQUESTED.*

OUTSIDE ARRANGEMENTS WILL BE MADE FOR FOOD/REFRESHMENTS:  Yes  No

I understand that I am not to advertise or in any way promote this program until I have received written approval in the form of a permit from the North Penn School District for use of the requested space.

SIGNATURE OF PERSON RESPONSIBLE FOR EVENT: \_\_\_\_\_

Group will be billed at \$36.50 per hour per custodian working; \$32 per hour per food service staff working; \$42.20 per hour per A/V person working. Certificate of Insurance and 501c3 forms are required. **Return to:** 630 W. 8<sup>th</sup> Street; Lansdale, PA 19446