



**APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES**  
**\*OUTSIDE ATHLETIC FACILITIES\***

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

PERSON IN CHARGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

SCHOOL BUILDING/ORGANIZATION: \_\_\_\_\_

PURPOSE FOR REQUESTING FACILITY: \_\_\_\_\_

If charging an admission fee, how much? \_\_\_\_\_

Building Requested: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Area to be used: \_\_\_\_\_ Please Circle Day (s) Mon Tue Wed Thru Fri Sat Sun

Number of people attending \_\_\_\_\_ Actual Event Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

I, or the organization I represent, hereby agree to hold ourselves responsible for the supervision of the activity, for the conduct of all persons present, and for any damage which may result to school property. We further agree to be responsible for all charges that may be made. We have read and concur with the attached list of rules and the condition as outlined on the reverse side. We agree to hold the Diocese of Cleveland and Cleveland Central Catholic High School harmless from any actions that may result from our use of the school district facility and I have obtained liability insurance for \$1 million naming the Diocese of Cleveland and Cleveland Central Catholic High School High School as the certificate holder. I understand the Diocese of Cleveland and Cleveland Central Catholic High School has the right to cancel this permit.

X \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Special Equipment Requested: (Indicate with an X)

- |                           |                          |                   |      |                          |         |                          |
|---------------------------|--------------------------|-------------------|------|--------------------------|---------|--------------------------|
| Stadium Building – TV/VCR | <input type="checkbox"/> | Restroom:         | Home | <input type="checkbox"/> | Visitor | <input type="checkbox"/> |
| Press Box                 | <input type="checkbox"/> | Concession Stand: |      | <input type="checkbox"/> |         |                          |
| Scoreboard                | <input type="checkbox"/> | Soccer Goals      |      | <input type="checkbox"/> |         |                          |
| Track Equipment:          | <input type="checkbox"/> | Other: _____      |      |                          |         |                          |
| Refreshments              | <input type="checkbox"/> |                   |      |                          |         |                          |

**For Office Use:**

**Expiration of Insurance:** \_\_\_\_\_

(Administrator to initial for approval and return to the business Office)

Principal

Athletic Director

Supervisor Buildings, Grounds & Custodial Staff

**Approval**

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

X \_\_\_\_\_  
**APPROVED BY BUSINESS MANAGER**

\_\_\_\_\_  
**DATE APPROVED**

BOARD APPROVAL REQUIRED

BOARD APPROVED ON \_\_\_\_\_

Estimated Charges: Stadium \$ \_\_\_\_\_ Practice: \$ \_\_\_\_\_ Lights \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_ Custodial \$ \_\_\_\_\_ Security \$ \_\_\_\_\_ Parking Attendant \$ \_\_\_\_\_

**\*BEN STANSKI II STADIUM II IS A SMOKE-FREE ENVIRONMENT\***