



HOPE for Hyndman Charter School

130 School Drive
Hyndman, PA 15545

www.hopeforhyndmancs.org

Phone: 814-842-3918 / Fax: 814-842-6246



Use of Facilities Form

DIRECTIONS: Complete and return to the Athletic Director at least two (2) weeks in advance of the requested use date(s). You will receive confirmation of approval or denial of your request including all fees by email unless other arrangements are made.

Date of Application: _____

Date(s) Requested: _____

Name of Organization: _____

Type of Organization: ☐ Non-Profit ☐ Community ☐ Individual ☐ For-Profit

Email Address of Contact Person: _____ **Phone #:** _____

Type of Activities to be conducted: (Ex. Basketball Game, Play, Meeting, Class, Etc.)

Start Time (access to the facility-not when the program starts): _____

End Time (when the facility will be vacant-not when the program ends): _____

Expected number of attendees (spectators and participants): _____

Use of Facilities Requested – Please check all areas needed:

Cafeteria ☐ Projector ☐ Sound System ☐

Kitchen Only ☐ Kitchen and Equipment ☐ Gymnasium ☐

For the following, please indicate below which area you would like located on the attached map.

Classroom ☐ Parking Lot ☐ Field ☐ Restrooms ☐

Special Equipment or arrangements requested: _____

_____ There will be an admission charge or offering solicited from attendees for this event.
Yes or No

I assure the HOPE for Hyndman Charter School that I have read and understand all of the information made available on the rental of facilities and that we will follow all of the provisions contained therein and that the above event will be properly conducted and this organization will be responsible for the conduct of participants and spectators and the care of school property as per board regulations.

Signature/Title of Individual Filing this Application: _____

