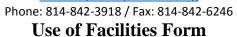
HOPE for Hyndman Charter School

130 School Drive Hyndman, PA 15545

www.hopeforhyndmancs.org





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	n:				
Type of Organization:	□ Non-Profit □ Co	ommunity 🗆	Individual	☐ For-Profit	
Email Address of Cor	ntact Person:	Phone #:			
	be conducted: (Ex. Basketb	. •	<u> </u>	,	
	the facility-not when the pro				
End Time (when the f	acility will be vacant-not wh	en the program	ends):		
Expected number of	attendees (spectators and pa	rticipants):			
Use of Facilities Requ	iested – Please check all ar	eas needed:			
Cafeteria □	Projector □	Sound	Sound System		
Kitchen Only	Kitchen and Equipment	□ Gymn	Gymnasium		
For the following, plo	ease indicate below which a Parking Lot ————	Fie	like located on eld □	n the attached map. Restrooms	
	r arrangements requested: an admission charge or offe				
information made avacontained therein and	OPE for Hyndman Charte ailable on the rental of faci it that the above event will and uct of participants and a	lities and that w be properly con	ve will follow a ducted and th	all of the provisions is organization will be	
Signature/	Title of Individual Filing t	his Application:	:		

Revised: 9/14/14

