

EH-45C

THE SCHOOL DISTRICT OF PHILADELPHIA
CUSTOMER NUMBER REQUEST

FOR FACILITIES USE ONLY
CUSTOMER NUMBER:

FILL OUT ALL BOXES! INCOMPLETE FORMS WILL BE RETURNED!

ORGANIZATION NAME	Applicant's Name		Applicant's Title
ORGANIZATION ADDRESS:	Organization Phone Number	Daytime Phone Number	Pager Number
CITY STATE ZIP	E-mail address	Fax Number	Cell Phone Number

Do you understand that **ALL** use of facilities must be paid for in advance? YES NO

Do you understand that **ALL** use of facilities must be requested three weeks in advance? YES NO

Do you understand that **ALL** use of facilities requires an indemnification form? YES NO

Will you provide the same information to any person who is authorized to sign for your organization? YES NO

List any other persons in your organization authorized to sign for your group:

BILLING ADDRESS: (if different)	Do you wish to hold fund raising activities in the school buildings? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY STATE ZIP	Do you certify you are a non-profit group? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many years has your organization been in operation?

Please provide a brief description of your organization and its operations:

Is your group able to provide an "occurrence" policy of Comprehensive Public Liability Insurance for at least \$1 million, with the School District of Philadelphia as an additional insured? YES NO

Do you have any affiliations with the School District, its schools, or other organizations? Is your group employed by the School District? If yes, explain.

Have you ever previously used school facilities? YES NO (circle if yes) Prior to 1999? Since 2000?

Which facilities ? _____ Under the same group name? YES NO

APPLICANT'S SIGNATURE	Date
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Mail completed applications to: School District of Philadelphia
 Education Center - 440 N. Broad St
 3rd Floor - 3133.17A ATTN : John Kent
 Philadelphia, PA 19130 OR FAX, WITH COVER SHEET, TO 215-400-4322.

**REMEMBER, YOU CAN'T REQUEST Use of Facilities
 WITHOUT A CUSTOMER NUMBER!**

FORMS NOT SIGNED BY APPLICANT ARE NOT VALID!

FOR FACILITIES USE ONLY: NEW: EXISTING: RENEWED:

ACTIVATION DATE: