

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?<br><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**

Mail or email completed applications to: School District of Philadelphia

Education Center - 440 N. Broad Street

3rd Floor - 3133.17A **ATTN** : Buildingusage@philasd.org

Philadelphia, PA 19130

OR FAX, WITH COVER SHEET, TO 215-400-4371.

**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:**