

BETHEL PARK SCHOOL DISTRICT
OUTSIDE SERVICES REQUEST FORM
EXCEPT FOR SIGNATURES, PRINT OR TYPE ALL INFORMATION

GROUP/ORGANIZATION REQUESTING: _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____ E-MAIL _____

COMPANY/INDIVIDUAL CONTRACTING SERVICES: _____

CONTACT PERSON: _____ PHONE _____

ADDRESS _____ E-MAIL _____

SERVICES TO BE PROVIDED: _____

DATES: _____

HOURS: FROM _____ TO _____

LOCATION OF SERVICE: _____

FACILITY REQUEST FORM: SUBMITTED _____ APPROVED _____ N/A _____

ANTICIPATED NUMBER OF PARTICIPANTS: _____

WILL THERE BE ADDITIONAL SUPERVISION: _____

ARE PARTICIPANTS CHARGED A FEE? _____

ATTACH TO THIS REQUEST FORM APPROPRIATE CLEARANCES (Act 34, Act 151, Act 114)
FOR ALL INDIVIDUALS WORKING WITH STUDENTS.

APPLICANT SIGNATURE DATE _____

PRINCIPAL SIGNATURE DATE _____

ATHLETIC DIRECTOR SIGNATURE DATE _____

REQUEST: APPROVED DENIED DATE: _____

COMPLETED FORMS CAN BE SUBMITTED TO:
ATHLETIC OFFICE / BETHEL PARK HIGH SCHOOL / 309 CHURCH ROAD / BETHEL PARK, PA 15102
Note: No service contracts may begin working with students until approval has been received.