

Chatham Central School District, Chatham, NY 12037

REQUEST FOR USE OF FACILITIES

Name of Organization: _____ Number Attending Event: _____

Name, address and telephone number of person (s) responsible for this group:

Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

Names of Chaperones if students are involved in use of facility: _____

School requested (check one):	Room requested (check one):	Special Room Set up Needed:
MED School _____	Cafeteria _____	_____
High School _____	Library _____	_____
Middle School _____	Gymnasium _____	_____
Athletic Field _____	Auditorium _____	_____
Other Area: _____	Classroom(s) _____	_____

Activity to be held: _____

Date(s) of Use: _____

Time of Activity: _____ Time door is to be opened: _____

Time group expected to leave building and doors locked: _____

Current Certificate of Insurance is attached or already on file: YES _____ NO _____

(Certificate MUST be forwarded prior to event.)

I agree to the following terms and conditions:

1. I have reviewed and agree to comply with the district policy pertaining to building/property use.
2. Our organization assumes all risk while on school grounds and releases the school and/or district from any liability whatsoever.
3. I am providing a certificate of liability insurance (minimum \$1 million) with Chatham Central School District as an additional named insured on my insurance policy.
4. All forms should be submitted 30 days before requested use of facilities, whenever possible.

Signature of responsible person _____ Date _____

Approved by Building Principal: _____ Date: _____

Approved by Athletic Director (if gym or field use): _____ Date: _____

Approved by Superintendent: _____ Date: _____

Copies to: Building Principal, Building Custodian, Athletic Director (if gym/field use), Organization, Supervisor of Buildings & Grounds