



# REQUEST FOR USE OF FACILITIES



## Contact Information

Name of Organization: \_\_\_\_\_

Person(s) Responsible: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Names of Chaperones (required if students are involved in use of facility): \_\_\_\_\_

## Activity Information

Name of Activity: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

Time of Access Requested: \_\_\_\_\_

Expected # of Attendance: \_\_\_\_\_

Expected time to leave: \_\_\_\_\_

M	T	W	T	F	S	S
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am	pm
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am	pm
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am	pm
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Location Requested (check)	
MED School	_____
Middle School	_____
High School	_____
Athletic Field	_____
Other Area	_____

Room(s) Requested (check)	
Cafeteria	_____
Gymnasium	_____
Auditorium	_____
Library	_____
Classroom(s)	_____
*Kitchen	_____

Special Request(s) (Indicate # needed)	
Tables	_____
Chairs	_____
Other:	Describe Below

*\*Use of Kitchen in any building only upon approval of Café Supervisor and under direct supervision of CCSD kitchen worker - Fees may apply.*

### I agree to the following terms and conditions:

- I have reviewed and agree to comply with the district policy pertaining to building / property use.  
*Copies of the district's policy is available on the districts website or by contacting **Lauren Braham at 518-392-1534.***
- Our organization assumes all risk while on school grounds and releases the school and / or district from any liability whatsoever.
- I will provide a Certificate of Liability Insurance adding Chatham CSD as "Additional Insured" on my policy. **(minimum \$1 million)**
- Organizations will be responsible for any damage to school property.
- The District reserves the right to charge a fee for the use of its facilities in a manner consistent with law, and on terms by agreement with these organizations. No school-sponsored events will incur any fees for use of school facilities.

**Current Certificate of Liability Insurance, Form ACORD 25, is attached:** Yes  No

(Certificate MUST be received prior to event)

**Signature of Responsible Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit Signed & Completed form to : Buildings and Grounds at address listed above or email to phillipsl@chatham.k12.ny.us**

*Below is for District Use Only*

**Notes to Administration:** By providing your signature below you are approving the above REQUEST FOR USE OF FACILITIES. .

**Please Forward to Next Administrator for further signatures and to avoid delays in scheduling.**

Athletic Director (Needed for Gym & Fields Use Only):	_____	Date: _____
Café Supervisor (Needed for Kitchen Use Only):	_____	Date: _____
Building Principal:	_____	Date: _____
District Superintendent:	_____	Date: _____
Director of Facilities:	_____	Date: _____

*Copies sent to:*

Requester \_\_\_\_\_ Athletic Director \_\_\_\_\_ Café Supervisor \_\_\_\_\_ Principals Secretary \_\_\_\_\_ Bldg. Head Custodian \_\_\_\_\_ IT \_\_\_\_\_