

**APPLICATION FOR FIRST TIME FACILITIES USER**  
(Do not use for Memorial Field)

Name of Organization or Individual: \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

E-mail Address of Contact Person: \_\_\_\_\_

If this organization is located within the boundaries of the Mamaroneck Union Free School District, please answer the following questions:

For-profit \_\_\_\_\_ Not-for-profit \_\_\_\_\_

If not-for-profit, please attach a copy of your not-for-profit certificate.

Services provided to: \_\_\_\_\_ Children (18 years or under) \_\_\_\_\_ Adults

Please provide a listing of members of the organization with their home addresses (e.g. roster of teams).

**FAILURE TO DO SO WILL AUTOMATICALLY PUT YOU INTO GROUP 3.**

**I have read and understand the fee schedule as presented and would like to continue my application for Use of Facilities at the Mamaroneck Union Free School District  
YOU WILL BE BILLED FOR ALL REQUESTED TIME REGARDLESS OF USE**

**AGREEMENT**

(Name of Organization) \_\_\_\_\_ does covenant and agree to defend, indemnify and hold harmless the Mamaroneck U.F.S.D. from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of Mamaroneck U.F.S.D. property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of (Name of Organization) \_\_\_\_\_.

(Name of Organization) \_\_\_\_\_ understands and agrees that its use of Mamaroneck U.F.S.D. property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). (Name of Organization) \_\_\_\_\_ agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

\_\_\_\_\_  
Signature of Organization's Representative

\_\_\_\_\_  
Date of Application

**OFFICE USE ONLY**

Facilities Use: \_\_\_\_\_ Group 1

\_\_\_\_\_ Group 2

\_\_\_\_\_ Group 3