

**Facility Use Request Form  
Hastings-On-Hudson UFSD  
27 Farragut Avenue  
Hastings-On-Hudson, NY 10706  
914-478-6220**

**TO BE COMPLETED BY APPLICANT:**

Organization Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Person in Charge: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date (s) Requested: \_\_\_\_\_ Day (s) of Week: \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

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**FACILITY DESIRED:**

Building: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Equipment or furniture to be used: \_\_\_\_\_

Number of children expected: \_\_\_\_\_ Adults: \_\_\_\_\_ Chaperones: \_\_\_\_\_

Will activity be open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

Will admission to be charged? \_\_\_\_\_ If yes, what will proceeds be used for? \_\_\_\_\_

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**INSURANCE INFORMATION:**

The District requires you to have Commercial General Liability Insurance listing Hastings-On-Hudson UFSD as an additional insured. The minimum requirement is \$1,000,000.00 per occurrence/\$2,000,000.00 aggregate.

Please attach a copy with this application. Authorization will not be approved without a Certificate of Insurance.

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***I HAVE READ AND AGREE TO ABIDE BY POLICY 1500 COMMUNITY USE OF DISTRICT FACILITIES EQUIPMENT & LABOR AND TO BE RESPONSIBLE FOR THE PROPER USE AND CARE OF SCHOOL PROPERTY, AND TO GUARANTEE PAYMENT OF ANY CHARGES MADE FOR THE REQUESTED USE TIME.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Director of Facilities: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to [Liberatorec@hohschools.org](mailto:Liberatorec@hohschools.org)**