

**CALEDONIA-MUMFORD CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES**

3280F

(Please refer to the attached District Policy and Procedures)

Date of Event: _____

Time of Event: (Include Set-Up and Breakdown Time): _____

Description of Event: _____

Purpose of Request: _____

Identify ALL Facilities Requested:

- | Elementary | Middle | High School | Grounds |
|---|---|---|--|
| <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Gym w/Locker Room | <input type="checkbox"/> Football Practice Field |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Café A | <input type="checkbox"/> Band Room | <input type="checkbox"/> JV Soccer Field |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Café B | <input type="checkbox"/> Chorus Room | <input type="checkbox"/> Modified Baseball Field |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Modified Soccer |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Gym w/Locker Room | <input type="checkbox"/> Weight Room | <input type="checkbox"/> Modified Softball |
| <input type="checkbox"/> Other | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Softball |
| | <input type="checkbox"/> Library | <input type="checkbox"/> Other | <input type="checkbox"/> Stadium |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Stadium Concession |
| | | | <input type="checkbox"/> Varsity Soccer |
| | | | <input type="checkbox"/> Playground Primary |
| | | | <input type="checkbox"/> Playground Secondary |
| | | | <input type="checkbox"/> Other |

Additional Needs: _____

Organization Name: _____

Contact Name: _____

Contact Daytime Phone: _____

Contact Email: _____

*****WILL NOT BE PROCESSED WITHOUT AN EMAIL ADDRESS*****

Number of People Involved: _____ Head Chaperone: _____

**CALEDONIA-MUMFORD CENTRAL SCHOOL DISTRICT
HOLD HARMLESS AGREEMENT**

_____ agrees to defend, indemnify, and hold Caledonia-Mumford Central School District, their officers, agents, trustees, and directors, harmless from all injury, loss, costs, claims or damages to any person or property arising from, related to, or in any way connected with the use of their property or any conduct undertaken thereat. We further waive our right to assert any claims for loss, costs, injury or damages against the officers, agents, trustees and directors, whether existing at present or arising at any time in the future, arising from, related to, or in any way connected with the use of the Caledonia-Mumford Central School District or any conduct undertaken thereat.

Organization Name: _____

Signature: _____

Printed Name: _____

Date: _____

SCHOOL USE ONLY

Is the calendar clear? Yes _____ No _____

Insurance certificate: _____ Required _____ Waived

List conflict(s): _____

Signature of Athletic Director: _____ Date: _____

The above request has been _____ Approved _____ Disapproved

Copies sent to: _____ District Office _____ Building Principal
 _____ Food Service Supervisor _____ Buildings Grounds Supervisor