

FRANKFORT-SCHUYLER CENTRAL SCHOOL
PALMER STREET
FRANKFORT, NEW YORK 13340

FACILITIES USE FORM

NAME OF ORGANIZATION _____

INDIVIDUAL REQUESTING FACILITIES _____

ADDRESS _____

TELEPHONE NUMBER _____

FACILITIES REQUESTED _____

DATES(S) REQUESTED _____

HOURS REQUESTED _____

USE INTENDED _____

WILL IT BE OPEN TO THE GENERAL PUBLIC YES _____ NO _____

WILL ADMISSION BE CHARGED YES _____ NO _____

IF SO HOW MUCH? _____

WHAT PURPOSE WILL PROCEEDS BE USED _____

IT IS AGREED THAT ALL RULES AND REGULATIONS OF THE BOARD OF EDUCATION, STATE EDUCATION DEPARTMENT, VILLAGE OF FRANKFORT, WILL BE OBSERVED AS WILL THE LAWS OF NEW YORK STATE. IT IS FURTHER UNDERSTOOD THAT PERMISSION CAN BE REVOKED AT ANY TIME.

SIGNATURE OF ORGANIZATIONAL REPRESENTATIVE

SUPERINTENDENT _____ DATE _____

PRINCIPAL _____

ATHLETIC DIRECTOR _____