

Miller Place Union Free School District
Miller Place, New York 11764

7000-E.2

Board of Education Policy
APPLICATION FOR PUBLIC USE OF SCHOOL FACILITIES

Facilities Use; c/o Athletics Department
15 Memorial Dr., Miller Place NY 11764

SECTION 1 – APPLICANT INFORMATION

****Applicant Name:** _____ **Organization Name:** _____

****Address (mailing):** _____ **Town:** _____ **Zip Code:** _____

Email: _____ **Phone:** _____

***This is necessary for potential billing invoices. Please review the BOE Fee Schedules for potential charges*

Applicant Status: _____ **School Group** _____ **MP Community Group** _____ **Non-MP Group**

- **Is there a participation charge associated to your Facility Use request?** _____ **No** _____ **Yes**
- **If so, please explain amount and reason:** _____

SECTION 2 – FACILITY REQUEST: please use a separate line for each facility requested.

Location MPHS, NCR, LADSBS, AMPS	Facility Turf Field, Auditorium, Cafeteria, Gym, Classroom, etc.	Attendees	Days/Dates (Please be specific)	Times of Use

SPECIAL REQUESTS:

SECTION 3 – ACKNOWLEDGEMENT: If this application is granted and a permit issued, we agree to comply with all the rules and regulations of the Board of Education governing the use of school facilities; not to deny to any person participation in the use of school facilities on the grounds of race, color, creed, religion, national origin, gender, age, marital status, or disability; to take the utmost care in the use of school property; to provide adequate adult supervision at all times; and to make good any and all claims, damages, or causes of action for damages arising from our use of school facilities and will indemnify the school district facilities. Non-compliance of said policies, rules and regulations will result in immediate revocation of this permit and immediate dismissal from school district premises.

Applicant Signature: _____

This permit is valid only when signed by the Superintendent of Schools or Designee, and then only as specified.

The permit holder must carry this signed permit and a photo I.D. on their person at all times while on School District property.

They must provide verification of BOTH permit and I.D. to any and every School District employee upon request.

Request Reviewed by Building Principal: _____ **(Indoor Facilities)**

Request Reviewed by Athletic Director: _____ **(Gyms & Fields)**

Proof of Insurance required: _____ **Yes** _____ **No** **Expiration Date of Policy on File:** _____

STATUS of USE: **APPROVED:** _____ **DENIED:** _____

Approval by Superintendent or Designee: _____ **Date:** _____

Adopted:

Reviewed: 08/12/2002 11/14/2003 12/14/2005 01/27/2010 11/18/2015 04/17/2019 07/03/2023

Revised: 01/24/2024 02/28/2024 02/24/2010 12/09/2015 05/29/2019 08/23/2023

Reviewed: 01/24/2024

Revised: 02/28/2024