

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization _____
 Address _____
 Responsible Official _____ Address _____
 Phone (Business) _____ (Cell) _____ Email _____

(CHOOSE ONE) Facility Requested			
High School Gymnasium <input type="checkbox"/>	High School Cafeteria <input type="checkbox"/>	Football Stadium <input type="checkbox"/>	Multipurpose Turf <input type="checkbox"/>
Middle School Gymnasium <input type="checkbox"/>	High School Small Cafeteria <input type="checkbox"/>	Track <input type="checkbox"/>	Batting Cage <input type="checkbox"/>
Huth Road Gymnasium <input type="checkbox"/>	Middle School Cafeteria <input type="checkbox"/>	Baseball Turf <input type="checkbox"/>	Auditorium Stage & House <input type="checkbox"/>
Kaegebein Gymnasium <input type="checkbox"/>	Huth Cafeteria <input type="checkbox"/>	Softball Turf <input type="checkbox"/>	Little Theater <input type="checkbox"/>
Sidway Gymnasium <input type="checkbox"/>	Kaegebein Cafeteria <input type="checkbox"/>	Baseball Grass <input type="checkbox"/>	OTHER - <input type="checkbox"/>
Pool (2 lifeguards required) <input type="checkbox"/>	Sidway Cafeteria <input type="checkbox"/>	Softball Grass <input type="checkbox"/>	<input type="checkbox"/>

Day	Date(s) Required	Start Time	End Time

Insurance Certificate Required showing – “Grand Island Central Schools, 1100 Ransom Rd, Grand Island, NY 14072”, as additional insured **Your certificate MUST accompany this application******

Purpose of Event or Activity (Be specific)

List Special Equipment Requested from District _____

For turf/field rentals are lights requested? ___ YES ___ NO

List Special Equipment Provided by Organization _____

ESTIMATED NUMBER OF PARTICIPANTS _____ IF SPECIAL EVENT, ESTIMATED NUMBER IN AUDIENCE _____
 Will food or drink be served ___ YES ___ NO
 Will Admission be charged ___ YES ___ NO If YES, Amount of Admission _____ Adult _____ Child

ADULT SUPERVISORS (Coaches, Lifeguards, Instructors, etc.)

Name _____ Phone _____
 Name _____ Phone _____

I, the undersigned responsible official, having read the Policy Nos. 3280, 3281, 3410, 5640 & 7320 of the Grand Island Central School District’s Policy Manual, do assume complete responsibility on behalf of the organization which I represent and fully accept the conditions as established herewith, insuring reimbursement for all legitimate fees and charges that might be assessed, and holding the Grand Island School District harmless from any and all liability that might arise from the permitted use of those school facilities as indicated in my application.

Date _____ Signature of Responsible Official _____

Facility Approval _____ Department _____ Date _____

NO ALCOHOL, TOBACCO OR FIREARMS IN OR ON SCHOOL PROPERTY
Please submit form to Buildings & Grounds for approval.