

## **REQUEST FOR USE OF SCHOOL FACILITIES**

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

<b>(CHOOSE ONE) Facility Requested</b>			
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"/>	HS Aud- 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.**

**05/2025**

## RESIDENCY REQUIREMENT – REQUEST FOR USE OF FACILITIES

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON IN CHARGE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (Town & Zip)

The Grand Island School District, in considering your request for use of school facilities, requests a listing of all personnel in your organization. A **minimum of 70% of all participants** must reside within the Grand Island School District for your group to be considered for a GI rate. The person in charge certifies that the names and addresses of participants submitted on all pages of this request are correctly stated.

NAME

ADDRESS

PHONE NUMBER

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.

- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.
- 35.
- 36.
- 37.
- 38.
- 39.
- 40.
- 41.
- 42.
- 43.
- 44.
- 45.
- 46.
- 47.
- 48.
- 49.
- 50.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_