



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

FACILITIES USE ORGANIZATION ANNUAL APPLICATION REQUEST FORM

Application must be completed in its entirety. Incomplete applications will not be accepted.

Please Print for Accuracy

ORGANIZATION NAME _____

ORGANIZATION CONTACT NAME & TITLE _____

ORGANIZATION ADDRESS _____

ORGANIZATION TELEPHONE _____ CELL _____

ORGANIZATION CONTACT EMAIL _____

ORGANIZATION WEBSITE _____

ANNUAL APPLICATION FEE \$25 ATTACHED YES *Payable to Washingtonville CSD*

TERMS and CONDITIONS

All information provided above must match your organization's legal address as noted on your certificate of insurance. Contact name must be an owner, employee or affiliate of your organization. Volunteers will not be granted access. Incomplete applications and/or failure to provide the required documentation will result in denial of your request. In the event that a nurse, interpreter or other accommodation is required for a group's participant or participants, the cost of such accommodation must be paid by the user. **All communication will be done via email.** The Washingtonville Central School District (WCSD) is not responsible for an organization not receiving or checking email notifications. I have read and agree to the FACILITIES USE Section on the WCSD Website: wcsdk12.org

CONTACT SIGNATURE

DATED

(APPROVED) WASHINGTONVILLE CSD BUILDINGS & GROUNDS

DATED

COMPLETE FORMS

MAIL

Alisa McCarthy
Washingtonville CSD
50 West Main Street
Washingtonville, NY 10992 and/or

EMAIL

amccarthy@wcsdk12.org and/or

DOWNLOAD ONLINE

F O R M S N E E D E D

Certificate of Insurance

Non-Profit Certificate 501(c)(3)

Annual Application Request Form

Agreement and HOLD HARMLESS AGREEMENT