WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED
AUG 14 2026
ASST SUPT. FOR SUPPORT SERVICES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization WC Takeoff

Date of Request 8/13/26

Person Making Request Vincent Moscatello

Are you a Wallkill Central School District Resident? ☒ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form)

Daytime Telephone Number 845-542-0912

Address 23 Sofia Ct, Wallkill NY 12589

Building/Facilities Requested Ostrander

Description of Activity Basketball

Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☒ No

If Yes, Specify Community Benefit

Date(s) Sept 18th 2026 thru Dec 11th 2026 Time(s) 7:00 - 9:00 pm (Wed + Fri.) [excluding 9/30, 10/7, 10/21]

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☒ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**
☐ No

If yes, what are the limits of liability? 1,000,000 per occurrence / 2,000,000 Aggregate

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

8/13/26
Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved: _____ Date 8/13/2026
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

****

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 9/9/2026
(Assistant Superintendent for Support Services)

Disapproved: _____ Date _____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: MM - Amateur Sports - Teams, Leagues and Associations
K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, IN 46801-2338	PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
UC Takeoff 23 Sofia Ct Wallkill, NY 12589 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: AIG Specialty Insurance Company	26883
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** U00142006 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X		9YAPG0001334486101	09/12/2025 11:16 AM EDT	09/12/2026 12:01 AM	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS – COMP/OP AGG	$1,000,000
							PROFESSIONAL LIABILITY	$1,000,000
							Legal Liability to Participants	$1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] NOT PROVIDED WHILE IN HAWAII			9YAPG0001334486101	09/12/2025 11:16 AM EDT	09/12/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			9YAPG0001334486101	09/12/2025 11:16 AM EDT	09/12/2026 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sport(s): Basketball Age(s): 13-15, 16-19

The Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Wallkill Central School District 1500 Route 208 Wallkill, NY 12589 Owner/Manager/Lessor of Premises	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Scott Turbert

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

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AUG 20 2026
ASST SUPT. FOR SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Southern Ulster Futbol Club

Date of Request Aug. 18, 2026

Person Making Request Joseph Deck

Are you a Wallkill Central School District Resident? ☑ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form)

Daytime Telephone Number 215-808-1025

Address Po Box 768 Wallkill NY 12589

Building/Facilities Requested Leptondale Elementary Gymnasium

Description of Activity Youth Soccer Practices

Are the Majority of the Participants Wallkill Central School District Residents? ☑ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☐ No

If Yes, Specify Community Benefit

LES is Not able to Accommodate 12/16/25 and 2/17/26, due to Board of Ed Meetings

Date(s) Wednesdays - 10/28, 11/4, 11/18, 12/2 Time(s) 5pm to 8:30pm
12/9, 12/16, 1/6, 1/13, 1/20, 1/27, 2/3, 2/10, 2/17, 2/24, 3/3, 3/10, 3/17

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

☐ No

If yes, what are the limits of liability? $2,000,000 / $1,000,000

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

8/18/26
Date

FOR BUILDING USE ONLY

____________Director of Operational Services Contacted

____________Building Custodian Contacted

____________Director of School Lunch Program Contacted

____________Athletic Director Contacted

____________Sent to District Office for Board Approval

____________Other (Please Specify)____________________________

Approved: [signature] Date 8/19/26
(Building Principal's Signature)

Disapproved:____________________________ Date____________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 8/20/2026
(Assistant Superintendent for Support Services)

Disapproved:____________________________ Date____________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

____________Assistant Superintendent for Educational Services

____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
LIC #40558248 Player's Health Cover USA Inc. 200 Southdale Center Edina MN 55435	PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@playershealth.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Everest National Insurance Company	10120
	INSURER B : AXIS Insurance Company	37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Eastern New York Youth Soccer Association
167 Nassau Blvd.
Garden City South NY 11530

COVERAGES **CERTIFICATE NUMBER:** 285403 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y		GCN0012432-261	8/1/2026	8/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 5,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			GCN0012432-261	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $ 0			GCN0012914-261	8/1/2026	8/1/2027	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Participant Accident Medical			SRPOCGU01-000038	8/1/2026	8/1/2027	PER INJURY LIMIT	$ 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General liability contains sexual abuse and molestation limits of $1,000,000 Occurrence/ $2,000,000 Aggregate. Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. Coverage applies only to official, sanctioned & approved activities of ENYYSA. Coverage is primary & non-contributory when required by written contract or agreement. This certificate is issued on behalf of: HVYSL /Southern Ulster Soccer Club

CERTIFICATE HOLDER

Wallkill Central School District
1500 Route 208
Wallkill NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dan Fuller

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Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Southern Ulster Futbol Club

Date of Request Aug. 18, 2026

Person Making Request Joseph Deck

Are you a Wallkill Central School District Resident? ☑ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 215-808-1025

Address Po Box 268 Wallkill NY 12589

Building/Facilities Requested Plattekill Elementary Gymnasium

Description of Activity Youth Soccer Practices

Are the Majority of the Participants Wallkill Central School District Residents?
☑ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☑ No

If Yes, Specify Community Benefit _____

Date(s) Wednesdays - 10/28, 11/4, 11/18, 12/2 Time(s) 5pm to 8:30pm
12/9, 12/16, 1/6, 1/13, 1/20, 1/27, 2/3, 2/10, 2/17, 2/24, 3/3, 3/10, 3/17

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

☐ No

If yes, what are the limits of liability? $2,000,000 / $1,000,000

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

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F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

Scanned with CamScanner

H. No one is allowed in areas other than those authorized.

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Signature of Representative of Requesting Organization

8/18/26
Date

Revised 1/16/2026

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FOR BUILDING USE ONLY

______________Director of Operational Services Contacted

______________Building Custodian Contacted

______________Director of School Lunch Program Contacted

______________Athletic Director Contacted

______________Sent to District Office for Board Approval

______________Other (Please Specify)____

Approved: Nicole Paretto ______________________ Date 9/1/26
(Building Principal's Signature)

Disapproved:______________________________________ Date______________________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved:______________________________________ Date 9/2/2026
(Assistant Superintendent for Support Services)

Disapproved:______________________________________ Date______________________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

______________Assistant Superintendent for Educational Services

______________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

RECEIVED
SEP - 2 2026
ASST SUPT. FOR SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Southern Ulster Futbol Club

Date of Request Aug. 18, 2026

Person Making Request Joseph Deck

Are you a Wallkill Central School District Resident? ☑ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 215-808-1025

Address PO Box 268 Wallkill NY 12589

Building/Facilities Requested Plattekill Elementary Gymnasium

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Are the Majority of the Participants Wallkill Central School District Residents?
☑ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☐ No

If Yes, Specify Community Benefit _____

Date(s) Thursdays- ~~10/29~~, ~~10/5~~, 11/12, 11/19 Time(s) 5pm to 8:30pm
12/3, 12/10, 12/17, 1/7, 1/14, 1/21, 1/28, 2/4, 2/11, 2/18, 2/25, 3/4, ~~3/11~~, 3/18

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

☐ No

If yes, what are the limits of liability? $2,000,000 / $1,000,000

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G. No smoking is allowed on school property.

Scanned with CamScanner

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

8/18/26
Date

Revised 1/16/2026

Scanned with CamScanner

FOR BUILDING USE ONLY

_____________Director of Operational Services Contacted

_____________Building Custodian Contacted

_____________Director of School Lunch Program Contacted

_____________Athletic Director Contacted

_____________Sent to District Office for Board Approval

_____________Other (Please Specify)_______________________________

Approved:_______________________________ Date 9/1/26
(Building Principal's Signature)

Disapproved:_______________________________ Date_____________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved:_______________________________ Date 9/2/2026
(Assistant Superintendent for Support Services)

Disapproved:_______________________________ Date_____________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____________Assistant Superintendent for Educational Services

_____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
LIC #40558248 Player's Health Cover USA Inc. 200 Southdale Center Edina MN 55435	PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@playershealth.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Everest National Insurance Company	10120
INSURED Eastern New York Youth Soccer Association 167 Nassau Blvd. Garden City South NY 11530	INSURER B : AXIS Insurance Company	37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 285403 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y		GCN0012432-261	8/1/2026	8/1/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 5,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							PARTICIPANT LEGAL LIAB	$ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			GCN0012432-261	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $ 0			GCN0012914-261	8/1/2026	8/1/2027	EACH OCCURRENCE	$ 3,000,000
							AGGREGATE	$ 3,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Participant Accident Medical			SRPOCGU01-000038	8/1/2026	8/1/2027	PER INJURY LIMIT	$ 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General liability contains sexual abuse and molestation limits of $1,000,000 Occurrence/ $2,000,000 Aggregate. Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. Coverage applies only to official, sanctioned & approved activities of ENYYSA. Coverage is primary & non-contributory when required by written contract or agreement. This certificate is issued on behalf of: HVYSL /Southern Ulster Soccer Club

CERTIFICATE HOLDER

Wallkill Central School District
1500 Route 208
Wallkill NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dan Fuller

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

RECEIVED
SEP - 9 2026
ASST SUPT. FOR SUPPORT SERVICES

I. Name of Organization Wallkill Youth Lacrosse

Date of Request 9/8/2026

Person Making Request Frank Croce

Are you a Wallkill Central School District Resident? ☒ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) Self

Daytime Telephone Number (845) 978-8713

Address 611 Hoagerburgh RD Wallkill NY 12589

Building/Facilities Requested Middle School Gym

Description of Activity Lacrosse Clinics

Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☒ No

If Yes, Specify Community Benefit

Date(s) See Attached Time(s) 6pm - 9pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☒ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**
☐ No

If yes, what are the limits of liability? On File

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

9/8/2026
Date

FOR BUILDING USE ONLY

____________Director of Operational Services Contacted

____________Building Custodian Contacted

____________Director of School Lunch Program Contacted

____________Athletic Director Contacted

____________Sent to District Office for Board Approval

____________Other (Please Specify)________________________

Approved: [signature] Date 9/8/26
(Building Principal's Signature)

Disapproved:________________________ Date____________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 9/9/2026
(Assistant Superintendent for Support Services)

Disapproved:________________________ Date____________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

____________Assistant Superintendent for Educational Services

____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

Tuesdays

11/10
11/17
12/1
12/8
12/15
1/5
1/12
1/19
1/26
2/2
2/9
2/16
2/23
3/2

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED US Lacrosse, Inc. dba USA Lacrosse 2 Loveton Circle Sparks Glencoe, MD 21152 Wallkill Youth Lacrosse	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Pennsylvania Manufacturers' Association In 12262 INSURER B: Pennsylvania Manufacturers Indemnity Compa 41424 INSURER C: National Union Fire Ins Co of Pittsburgh 19445 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W43681273 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		302601-14-25-36-2	01/01/2026	01/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 5,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			602601-14-25-36-2	01/01/2026	01/01/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	General Liability Abuse and Molestation			302601-14-25-36-2	01/01/2026	01/01/2027	Aggregate: Per Occurrence	$2,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Team or League Requiring 100% Membership for players and coach members

Liability coverage under this policy extends to US Lacrosse Inc. aligned and approved events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse Inc., and/or events approved by US Lacrosse, Inc.
SEE ATTACHED

CERTIFICATE HOLDER

Wallkill Central School District
1500 Route 208
Wallkill, NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED
AUG 28 2026
ASST SUPT. FOR SUPPORT SERVICES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Take The Leap Inc.

Date of Request 8/20/2026

Person Making Request Haley Kwak & Maria Coppola

Are you a Wallkill Central School District Resident? ☐ Yes ☑ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 845-208-4339

Address PO Box 393 Gardiner NY 12525

Building/Facilities Requested WSHS auditorium, band + chorus rooms, box office, light booth

Description of Activity Dress Rehearsal/Show

Are the Majority of the Participants Wallkill Central School District Residents?
☐ Yes ☑ No

Will Admission, Fees be Charged or Donations Accepted? ☑ Yes ☐ No

If Yes, Specify Community Benefit Provides Entertainment

Date(s) 12/11 , 12/12 , 12/13 Time(s) 12/11 3-9pm, 12/12 8am - 8pm, 12/13 8am - 8pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

☐ No

If yes, what are the limits of liability? 1,000,000 / 2,000,000

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

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M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

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All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Haley Kwak — 8/20/2026

Signature of Representative of Requesting Organization — Date

FOR BUILDING USE ONLY

_____________Director of Operational Services Contacted

Kal __________Building Custodian Contacted

_____________Director of School Lunch Program Contacted

_____________Athletic Director Contacted

_____________Sent to District Office for Board Approval

_____________Other (Please Specify)______________________________

Approved: [signature] Date 8/27/26
(Building Principal's Signature)

Disapproved:______________________________ Date______________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 8/28/2026
(Assistant Superintendent for Support Services)

Disapproved:______________________________ Date______________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____________Assistant Superintendent for Educational Services

_____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/20/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Kathleen Duignan
Fraleigh & Rakow, Inc 6796 Route 9 Rhinebeck NY 12572	PHONE (A/C, No, Ext): (845) 876-7035 FAX (A/C, No): (845) 876-5765 E-MAIL ADDRESS: kduignan@fraleighandrakow.com
INSURED Take The Leap Inc PO Box 393 Gardiner NY 12525-0393	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : PHI - Philadelphia Indemnity Ins Co 18058 INSURER B : HAR - Trumbull Insurance Company 27120 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** CL2672329250 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2718348-001	07/14/2026	07/14/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 0 $ 1,000,000 $ 3,000,000 $ 3,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		16WECAS9RXV	06/27/2026	06/27/2027	[ ] PER STATUTE [X] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/11/26--12/13/26

CERTIFICATE HOLDER

Wallkill Central School District
90 Robinson Drive
Wallkill NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED
SEP - 8 2026
ASST SUPT. FOR SUPPORT SERVICES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Take The Leap Inc.

Date of Request 8/20/26

Person Making Request Haley Kwak & Maria Coppola

Are you a Wallkill Central School District Resident? ☐ Yes ☑ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 845-208-4339

Address PO Box 393 Gardiner NY 12525

Building/Facilities Requested WSHS auditorium, box office, band + chorus room, light booth

Description of Activity Dress Rehearsal & Show

Are the Majority of the Participants Wallkill Central School District Residents?
☐ Yes ☑ No

Will Admission, Fees be Charged or Donations Accepted? ☑ Yes ☐ No

If Yes, Specify Community Benefit provides entertainment

Date(s) June 11, 12, 13 Time(s) 6/11 3-9pm, 6/12 8am-8pm, 6/13 8am-8pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**
☐ No

If yes, what are the limits of liability? 1,000,000 / 2,000,000

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Haley Kwak — 8/20/20

Signature of Representative of Requesting Organization — Date

FOR BUILDING USE ONLY

______________Director of Operational Services Contacted

KCO Building Custodian Contacted

______________Director of School Lunch Program Contacted

______________Athletic Director Contacted

______________Sent to District Office for Board Approval

______________Other (Please Specify)____

Approved: [signature] Date 8/27/26
(Building Principal's Signature)

Disapproved:____Date________________________
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 9/8/2026
(Assistant Superintendent for Support Services)

Disapproved:____Date________________________
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

______________Assistant Superintendent for Educational Services

______________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kathleen Duignan	
Fraleigh & Rakow, Inc 6796 Route 9 Rhinebeck NY 12572	PHONE (A/C, No, Ext): (845) 876-7035	FAX (A/C, No): (845) 876-5765
	E-MAIL ADDRESS: kduignan@fraleighandrakow.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	PHI - Philadelphia Indemnity Ins Co	18058
INSURER B :	HAR - Trumbull Insurance Company	27120
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Take The Leap Inc
PO Box 393
Gardiner NY 12525-0393

COVERAGES **CERTIFICATE NUMBER:** CL2672329250 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. **Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2718348-001	07/14/2026	07/14/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		16WECAS9RXV	06/27/2026	06/27/2027	[ ] PER STATUTE [X] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

June 11,12,13 2027

CERTIFICATE HOLDER

Wallkill Central School District
90 Robinson Drive
Wallkill NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. Name of Organization Footworks Dance Center

Date of Request July 30, 2026

Person Making Request Laurie Chikeles

RECEIVED
AUG 12 2026
ASST SUPT. FOR SUPPORT SERVICES

Are you a Wallkill Central School District Resident? X Yes ____ No

Staff Member in Charge (If Applicable, See Attached Form) ____

Daytime Telephone Number 845-616-8089

Address 203 Forest Pk Wallkill, NY 12589

Building/Facilities Requested Auditorium - Light Booth. Band room

Description of Activity Dance Recital

Are the Majority of the Participants Wallkill Central School District Residents?
____ Yes X No

Will Admission, Fees be Charged or Donations Accepted? X Yes ____ No

If Yes, Specify Community Benefit Proceeds to Wallkill Senior High School

Date(s) June 18 - 19 - 20, 2027 Time(s) June 18th - 3:00 - 9:30
June 19th 9 - 9
June 20th 9 - 7

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

X Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

____ No

If yes, what are the limits of liability? ____

III. RULES FOR USE OF SCHOOL FACILITIES

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B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form

but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

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M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

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S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

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W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

January 30, 2026
Date

Revised 1-1-06

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved:_____Date 8/11/20
(Building Principal's Signature)

Disapproved:_____Date_____
(Building Principal's Signature)

****

FOR DISTRICT OFFICE USE ONLY

Approved:_____Date 9/4/2020
(Assistant Superintendent for Support Services)

Disapproved:_____Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/18/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Valeska Nordahl	
Nordahl Weber & AM Agency LLC DBA John J Arbolino Agency 295 North Plank Rd. Newburgh NY 12550	PHONE (A/C, No, Ext): (845) 566-9560	FAX (A/C, No):
	E-MAIL ADDRESS: valeska@jarbolino.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : HARTFORD CAS INS CO	29424
INSURED Laurie Chikeles DBA Footworks Dance Center 203 Forest Park Wallkill NY 12589	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			16SBAAA6638	02/04/2026	02/04/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVENT DATES JUNE 19-21, 2027

CERTIFICATE HOLDER

Wallkill Central School District
1500 Route 208
Wallkill NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Valeska Nordahl

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