



BEDFORD CENTRAL SCHOOL DISTRICT

632 South Bedford Rd • Bedford, NY 10506

914-241-6000 • www.bcsdny.org

Inspiring and Challenging Our Students

APPLICATION FOR THE USE OF BEDFORD CHALLENGE COURSE

(Submit the completed form at least thirty days prior to the event)

Name of Organization (Please print) _____

Contact Person: _____ E-Mail Address: _____

Address: _____

Telephone Number: (Day) _____ (Cell) _____

Requested Date of Challenge Course Use: _____

Please Check One: _____ ½ Day _____ Full Day Time of Use _____

Goals for Activity _____

Number of Persons Expected to Participate (Please describe group i.e. experience, background, etc.)

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS

Applicant's Signature _____

FOR DISTRICT USE

_____ Certificate of Insurance has been provided.

_____ Goals of activity approved.

Business Official/Director of Facilities

Date