



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

Name of Applicant/Organization _____
(Please print) (If you are not-for-profit organization, submit 501(c)(3) paper work with application)

Contact Person (Please print) _____ E-Mail _____

Telephone Information (Day) _____ (Night) _____ (Cell) _____

Description and Purpose of Activity Planned _____

Estimated Number of Persons in Attendance _____

DATES BUILDING OR GROUNDS ARE TO BE USED

Name of School _____

Room(s) Desired _____

Dates and Times (include time for set-up and breakdown) of Use:

Set-Up Instructions (Use other side if you run out of room):

Is this meeting open to the public? _____ Will there be a charge made for admission or a donation or contribution solicited? _____ If so, for what purpose will the proceeds be used? _____

Will you be using the Kitchen _____ Yes _____ No. If yes, there is a fee of \$30 per hour for an Aramark employee to be present in the kitchen during use. You can email Kyra Hamilton with questions: hamilton-kyra@aramark.com

FOR DISTRICT USE

Custodial Overtime Hourly Rate: _____ Facility Use Fee(s): _____
Estimated Number of Custodians Needed for Event _____ Total Estimated Custodial Overtime Hours _____

Head Custodian Signature: _____ Date: _____

Approved by: _____ (Adam Lodewick-Gym/Field Use) Date: _____

Approved by: _____ (Robert Martin – MLMT Use) Date: _____

Recommended by: _____ Date: _____
School Principal

Approved by: _____ Date: _____
Business Official/Director of Facilities