

OYSTER BAY – EAST NORWICH CENTRAL SCHOOL DISTRICT
Oyster Bay, New York
APPLICATION FOR USE OF SCHOOL DISTRICT FACILITIES

All requests for the use of school district facilities must be made on this application form by a resident or employee of the district. THIS APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE DATE REQUESTED FOR THE USE OF THE FACILITIES. Applications will be processed in accordance with the approved policies of the Board of Education. Any application that requires a decision beyond the scope of the policies will be presented to the Board of Education at a regular meeting. All requests are based upon approval of the school budget for each fiscal year.

NAME OF BUILDING _____

FACILITY REQUESTED _____ **ALTERNATE FACILITY** _____

Day(s) Requested: Sunday___ Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Saturday___

List all calendar dates _____

Hours of Event (Include preparation for opening and closing of event) _____

Purpose _____

Will admission be charged? Yes No If "Yes", for what purpose will funds be used: _____

Will any special services be needed? Custodial _____ Cafeteria _____

Additional (Please List) _____

Estimated number of persons attending event Adults _____ Children _____ Total _____

NAME OF ORGANIZATION _____

Presiding Officer _____
(Name) (Address) (OB/EN) Phone

Assistant to Supervisor _____

Chief Officer for the organization filing this request shall inform each event supervisor of their responsibility for the proper care and use of school property and for the safety of all persons involved in the event.

I certify to the best of my knowledge this application is in accordance with the New York State Education law, the constitution of the State of New York, the Board of Education Policies, Rules and Regulations, including the provision that the Organization applying for use of the facilities has a membership of no less than 60% residents of Oyster Bay-East Norwich Central School District. I am authorized by the organization named on this application to accept the responsibility of conforming to these laws, policies, rules and regulations, the payment of fees and reimbursement for loss of or damage to school properties.

NAME _____ Title _____ Phone _____
(Person making application)

Signature _____ Date _____
(For office use only)

ACTION ON APPLICATION (Initial all decisions)
Date Received Supt's office: _____ Classification _____
Director of Health, Physical Education and Recreation –

Facility Available? Yes ___ No ___ Recommendation: Approved ___ Denied ___

CONDITIONS:

1. Facility not available when school is not in session or if in conflict with school use.
2. No Drugs/Alcohol or smoking permitted by law.
3. No unauthorized vehicles are allowed on school fields
4. No field or building alterations such as lining of fields, erecting permanent goal posts, painting additional gymnasium floor lines, etc.

Estimated Charge: \$ _____ **NOTE: A final bill will be sent to you following the completion of your activity.**

Building Principal's Office –
Facility Available? Yes ___ No ___ Recommendation: Approved ___ Denied ___

(Supervisor in charge of activity must meet with Building Principal regarding individual building and field rules and regulations and possible schedule conflicts for facility use prior to any approval).

AGREEMENT –

The undersigned if over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the District for the use and care of the facilities. He/she, on behalf of _____ does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of district property, facilities and/or services by _____.

Signature _____ Date _____
(Original – To Buildings and Ground)

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Director of Health, Physical Education and Recreation –
Facility Available? Yes _____ No _____ Recommendation: Approved _____ Denied _____

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Signature _____ Date _____
 (Principal's Office Copy)

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Signature _____ Date _____
 (Head Custodian Copy)