

ARLINGTON CENTRAL SCHOOL DISTRICT
 696 Dutchess Turnpike
 Poughkeepsie, NY 12603
 (845) 486-4460

USE OF FACILITIES REQUEST FORM

Principal
 Custodian
 Maintenance
 Applicant
 Calendar

NAME OF ORGANIZATION		
PERSON MAKING APPLICATION		
ADDRESS	CITY	STATE/ZIP
HOME PHONE	BUSINESS PHONE	FAX NUMBER

BUILDING REQUESTED: _____

	DAY & DATE	ROOM/AREA	STARTING TIME	ENDING TIME
BEGINNING DATE			AM PM	AM PM
ADDITIONAL USE				
ADDITIONAL USE				

IF YOU ARE REQUESTING MONTHLY USE, PLEASE LIST **SPECIFIC** DATES REQUESTED:

JAN _____ APR _____ JULY _____ OCT _____
 FEB _____ MAY _____ AUG _____ NOV _____
 MAR _____ JUNE _____ SEPT _____ DEC _____

PURPOSE FOR WHICH FACILITY IS DESIRED _____
 NUMBER EXPECTED _____ WHAT % OF ORGANIZATION MEMBERS ARE ARLINGTON RESIDENTS? _____
 INSURANCE CARRIER _____

CHECK SPACE(S) REQUESTED:

	COST		COST
AUDITORIUM <input type="checkbox"/>	\$ / night	GYM (High School) <input type="checkbox"/>	\$ / night
		GYM (Elem/Middle School) <input type="checkbox"/>	\$ / night
CAFETERIA <input type="checkbox"/>	\$ / night	LIGHT OPERATOR <input type="checkbox"/>	\$ TBD
CLASSROOM(S) <input type="checkbox"/>	\$ / hour	P.A. SYSTEM <input type="checkbox"/>	\$ TBD
KITCHEN <input checked="" type="checkbox"/>	\$ TBD	OVERTIME CUSTODIAN <input type="checkbox"/>	\$ 30.00 / hour

TOTAL COST:
 \$ _____

PLEASE MAKE CHECK PAYABLE TO: *Arlington Central School District*

BILLED: _____

NOTES:

*SEPARATE APPROVAL MUST BE THROUGH FOOD SERVICE DEPT. 486-4491

FOOD SERVICE DIRECTOR- SIGNATURE _____ DATE APPROVED: _____
 FACILITY COORDINATOR SIGNATURE _____ DATE APPROVED: _____

RULES REGARDING USE OF FACILITIES

(THESE RULES ARE IN ADDITION TO THE POLICIES ATTACHED)

- 1 - A CERTIFICATE OF INSURANCE NAMING THE DISTRICT AS AN ADDITIONAL INSURED MUST BE PROVIDED FOR ALL ACTIVITIES WHICH IMPOSE A RISK BEYOND THE ORDINARY. (EXAMPLES: ... PHYSICAL ACTIVITY RELATED USE BASKETBALL, SOCCER, BASEBALL, DANCE, ETC.), USE INVOLVING LARGE GROUPS, (FLEA MARKETS, CIRCUS, ICE SHOW, ETC.), AND ANY GROUP REQUESTING USE OF DISTRICT EQUIPMENT, MACHINERY, ETC.)
- 2 - A CERTIFICATE OF INSURANCE NAMING THE DISTRICT AS AN ADDITIONAL INSURED MUST BE PROVIDED TO THE DISTRICT **PRIOR** TO THE START OF THE ACTIVITY.
- 3 - THE USE OF TOBACCO, ALCOHOLIC BEVERAGES AND ILLICIT DRUGS IS PROHIBITED ANYWHERE IN/ON SCHOOL PROPERTY AS THEY CONTRIBUTE TO FIRE HAZARDS AND BODILY INJURY.
- 4 - USE WILL BE CONFINED TO THE SPACES OR ROOMS RESERVED AND FURTHER USE OF OTHER SPACES AND ROOMS IS PROHIBITED.
- 5 - NO USE OF BUILDING SPACE WILL BE PERMITTED WITHOUT THE PRESENCE OF A DISTRICT EMPLOYEE. THAT IS GROUPS WILL NOT BE ALLOWED IN A BUILDING WHEN IT IS CLOSED AND OTHERWISE UNOCCUPIED.
- 6 - PARKING WILL BE IN DESIGNATED AREAS ONLY AND ALL LIFE SAFETY RULES SUCH AS FREE ACCESS TO FIRE EXITS WILL BE MAINTAINED.
- 7 - CHILDREN MUST BE PROPERLY SUPERVISED AND NO GROUP WILL BE ADMITTED WHICH DOES NOT HAVE A LEAST ONE ADULT PRESENT FOR EACH GIVEN NUMBER OF CHILDREN, DEPENDING ON THE ACTIVITY. CHILDREN IN VERY LARGE GROUPS OR ENGAGED IN VERY ACTIVE PURSUITS MUST HAVE ADEQUATE SUPERVISION.
- 8 - THE DISTRICT WILL NOT BE HELD LIABLE FOR ANY DAMAGES, DIRECT OR CONSEQUENTIAL, IF FOR ANY REASON, THE FACILITIES AGREED UPON ARE NOT MADE AVAILABLE.
- 9 - THE USER GROUP WILL NOT SUB-LET THE SPACE TO ANOTHER ORGANIZATION OR GROUP AND MERELY ACT AS AN AGENT FOR WHAT MIGHT OTHERWISE BE A NON-PERMITTED USE.
- 10 - THE USER IS RESPONSIBLE AND WILL BE HELD LIABLE FOR PROPERTY DAMAGE RESULTING FROM THE USE OF FACILITIES.
- 11 - *FAILURE TO OBSERVE THES RULES AND COMPLIANCE WITH THE ATTACHED POLICIES WILL RESULT IN SUSPENSION OF THE USE PRIVILEGE.*

110-004b-1-30-97

BY MY SIGNATURE I ATTEST THAT I HAVE READ, UNDERSTAND, AND RECEIVED A COPY OF THE RULE ON THIS APPLICATION AND THE ATTACHED POLICIES.

APPLICANT SIGNATURE

DATE