

FOR OFFICE USE ONLY
 BOARD APPROVAL _____
 BUILDING PRINCIPAL _____
 RECOMMENDED _____
 NOT RECOMMENDED _____
 INSURANCE _____
 ROSTER _____

ELMONT UNION FREE SCHOOL DISTRICT
 Elmont, NY 11003

APPLICATION FOR USE OF SCHOOL PREMISES

DATE OF APPLICATION _____

The Members of (Name of Organization) _____

Request permission to use the _____
 Auditorium, Gym, Cafeteria, Library, Classroom, etc.

In the (Name of School) _____ On (Day of Week) _____

For (Type of Activity) _____ Hours From _____ AM _____ PM
 _____ PM _____ PM

Starting Date _____ Ending Date _____

Expected attendance will be approximately _____ people.

PLEASE NOTE: AS PER PARAGRAPH #3 ON THE REGULATION SHEET (ATTACHED), PERMITS MAY BE WITHDRAWN WHEN THE ATTENDANCE FOR ANY GROUP IN A SINGLE BUILDING CONSISTENTLY DROPS BELOW FIFTEEN (15) IN NUMBER.

Please list the name of group member responsible for monitoring door: _____

Special Equipment Requested _____

PLEASE CHECK THE APPROPRIATE COLUMN	<u>YES</u>	<u>NO</u>
1) Are you a Non-Profit Organization?	_____	_____
2) Is there a charge to your members?	_____	_____
3) Is your organization affiliated with any religious group?	_____	_____

NOTE: IF THE ANSWERS TO QUESTION 2 OR 3 ARE "YES", PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION.

Our Membership is as follows:
 _____ Elmont Union Free School District Residents Ages of Members _____
 _____ Non-Elmont Union Free School District Residents
 _____ Total Membership

PLEASE SUBMIT ALONG WITH APPLICATION A LIST OF MEMBERSHIP, INCLUDE NAMES AND ADDRESSES OF ALL MEMBERS.

Our organization intends to secure the necessary insurance requirements upon Board of Education approval of our application.

Person in charge of Organization _____ Address _____

Home Telephone Number _____ Business Telephone Number _____

(over)

NOTE: THE CUSTODIAN IS NOT AUTHORIZED TO SUPPLY SPECIAL EQUIPMENT. REQUESTS FOR ITEMS OTHER THAN SPACE IN THE BUILDING MUST BE ITEMIZED. THIS INVOLVES SETTING UP TABLES AND CHAIRS OR OTHER EQUIPMENT. APPROVAL FOR USE OF EQUIPMENT IS TO BE OBTAINED AT THE FACILITIES AND OPERATIONS OFFICE.

I have read carefully the Board of Education's **"USE OF FACILITIES" RULES AND REGULATIONS**. I will notify all of the organization's responsible representatives of the rules and will review the Emergency Evacuation Procedure requirement with them. Our organization agrees to comply with all the regulations.

Signature

REQUEST FOR KITCHEN FACILITIES

Estimated # of Kitchen Help _____ # of Hours _____
Type of food to be served _____

of Persons _____ Serving Time From _____ to _____

Request for use of Kitchen Facilities requires four (4) weeks advanced notice. Actual number of kitchen help required will be decided by the School Lunch Manager.

Signature of Person Making Request
Number

Address

Telephone

IT IS AT THE DISCRETION OF THE ELMONT SCHOOL DISTRICT TO DETERMINE WHETHER OR NOT A CUSTODIAN IS NEEDED.