

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 _____

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PLEASE NOTE: AS PER PARAGRAPH #3 ON THE REGULATIONSHEET (ATTACHED), PERMITS MAY BE WITHDRAWN WHEN THE ATTENDANCE FOR ANY GROUP IN A SINGLE BUILDING CONSISTENTLY DROPS BELOW FIFTEEN (15) IN NUMBER.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	YES	NO
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 QUESTIONS 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.

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.

_____ **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 **Address** **Telephone**
Number

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

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

Signature: _____ **Date:** _____