

WAPPINGERS CENTRAL SCHOOL DISTRICT
APPLICATION/CONTRACT FOR USE OF FACILITIES

Facility Usage

Note: NYS law forbids the use of tobacco in school buildings and on school campuses.

In order to conform to State Education Department regulations and District policy, please supply the following information, sign as indicated below, and have the designated officials recommend and/or approve.

PLEASE TYPE OR PRINT

Building Requested: _____

Facility Needed (i.e., auditorium, classroom, field, gym): _____

Organization Requesting: _____

Person Requesting: _____

Address: _____

E-mail Address (required): _____

Phone: Day _____ Evening: _____ Cell: _____

Date(s) Needed: _____ Time(s): _____

Nature of Activity: _____

Use/Admission

Is the use associated with political activity? Yes _____ No _____ If yes, describe the intended use: _____

Is the use associated with religious activity? Yes _____ No _____ If yes, describe the intended use: _____

Will the activity be open to the general public? Yes _____ No _____ If no, who is permitted to attend the activity? _____

Number of participants: _____ Approximate number of spectators: _____

Will admission be charged or donations accepted? Yes _____ No _____ For what purpose will the funds collected be used?

If admission is charged, or donations accepted, what portions of the funds collected are applied to an educational or charitable purpose?

Will a profit making organization receive monies in association with the use of the building? Yes _____ No _____
If yes, explain who and how much: _____

Will an individual, group or non-charitable organization receive monies in association with the use of the building? Yes _____ No _____
If yes, explain who and how much: _____

Organizations using WCSD facilities are required to provide with each application, liability insurance in the amount of \$1,000,000, "together with any endorsements necessary to qualify the District as an additional insured. In lieu of an endorsement, you may provide a statement from the insurance representative that he or she is an agent of the carrier and the District has been named as an additional insured under the policy." A certificate of insurance delineating the above must be attached to EACH application.

I have read and understand the rules/regulations for school use in the packet provided by WCSD and I will comply with all of the requirements. I agree to pay promptly all charges for services, rentals and damages, if any. I have read, and agree to the terms/conditions as listed on the back of this form.

Signature of Person Making Application _____ **Date** _____

Cost Estimate: (prepayment required during Contingency Budget)
Fee: \$ _____ Support Services Overtime: \$ _____ Registration Fee (if applicable): \$ _____

Amount Received: \$ _____ Amount Owed: \$ _____