

BELLEVILLE HENDERSON CENTRAL SCHOOL
8372 County Route 75
Adams, NY 13605

REQUEST FOR USE OF FACILITIES

This form must be submitted to Superintendent, Belleville Henderson Central School, P.O. Box 158, Belleville, New York 13611-0158, anytime the building or grounds are used before or after regular school hours. Please submit **at least four weeks prior** to use. Any questions should be directed to the Superintendent, telephone number 846-5826. Today's date: _____

FACILITIES USE REQUEST: The (Organization) _____ requests the use of the (Room or Rooms) _____ at the Belleville Henderson Central School for the purpose of (Activity) _____ on (Day and Date) _____ from (Time) _____ to (Time) _____.

Any Special Requirements (e.g., tables, chairs, podium, microphone, use of kitchen): _____

Will the activity be open to the public? yes no Est.# attending _____

Will admissions be charged? yes no If the answer is "yes", proceeds will be used for: _____

Name, address and telephone number of person responsible on this occasion: _____

RULES GOVERNING USE OF FACILITIES

1. School events come first.
2. No smoking is allowed.
3. No drinking of alcoholic beverages is permitted.
4. Activity shall be restricted to that area for which permission is granted.
5. The activity shall not extend beyond the hours approved in the request.
6. All programs shall be planned so they do not interfere with the regular school day schedule.
7. The organization using the building or grounds shall be responsible for moving its equipment into and out of the building and on and off the grounds.
8. The supervisor in charge of the activity shall be present before the activity is due to start and remain with the group until all have left.
9. In the absence of the building principal or administrative personnel, the custodian is charged with the responsibility of the building.
10. School authorities must have free access to all rooms at all times.
11. Where custodial or food service assistance must be hired, a charge will be made and must be paid within 30 days.
12. Room(s) or facility used by applicant will be carefully examined after use. The applicant will make good any loss or damage occurring as a result of use of school property.
13. Any special needs or equipment must be recorded in writing on this form. No school property or equipment is to be altered or removed from the premises. All equipment is to be returned in good condition. Use of the kitchen requires the completion of an additional request form.
14. If the grounds need to be marked, prior approval must be secured from Mr. David Kiblin.
15. The using organization shall be required to furnish public liability and property damage insurance with limits of at least five hundred thousand dollars (\$500,000).
16. A Certificate of Insurance, with proper limits of liability, shall be submitted as evidence of insurance coverage at least seven days in advance of the event and must designate both the using organization and Belleville Henderson Central School District as insureds.
17. No reservation will be made until this application is returned and approved by the school's administrative official.
18. Permission for use of any facility may be withdrawn at any time, with or without cause, at the sole and unreviewable discretion of the Board of Education. Any pre-paid funds will be returned to the sponsoring organization.

I agree on behalf of the above indicated organization that all members and guests will observe the regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to school property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify and defend at its cost, the school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described facilities by our organization and we will further hold said school district harmless for loss of any kind in connection therewith.

Signed: _____ Date: _____

DISTRICT OFFICE USE ONLY

Approved: _____ Date: _____
Superintendent

Athletic Coordinator Use Only:

Available: Yes/No _____

Initial _____

District Office Use Only:

Available: Yes/No _____

Initial _____

Is certificate of insurance on file? Yes/No _____

Will this event require billing for custodial and/or cafeteria services? Yes/No _____