



Application for Use of School Facilities

PLEASE TYPE OR PRINT CLEARLY.

Revised 6/09

SECTION A: Applicant Information

Applicant must return all copies to the building office at least two weeks prior to requested date. If food service is desired a special cafeteria form must also be completed. Private organizations and non-related school functions are subject to facility use, custodial, chaperone, and special service fees. Proof of insurance must also be provided. The Sweet Home Board of Education has the right to deny this application.

School Personnel Applicant:

Name: _____ Building: _____ Ext.: _____

Community Applicant: Phone: _____ Cell: _____ Other Phone: _____

Name: _____ Organization: _____

Street Address: _____ City, State, Zip: _____

SECTION B: Activity Information

Nature of Activity: _____ **Estimated Attendance:** _____

If admission is being charged, please state how much: _____

If admission is restricted, please state to what group: _____

If activity involves fundraising, describe how funds will be raised and disbursed: _____

If outside group will be hired to assist, please explain the nature and cost of service: _____

Please list any chaperones or adults who will be responsible during a youth event:

NAME ADDRESS PHONE

SECTION C: Facility Request Information

Location:

- | | | |
|---|--|--|
| <input type="checkbox"/> Glendale | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Pool (HS/MS) |
| <input type="checkbox"/> Heritage Heights | <input type="checkbox"/> Library | <input type="checkbox"/> Turf Room (HS) |
| <input type="checkbox"/> Maplemere | <input type="checkbox"/> Main Gymnasium | <input type="checkbox"/> Back Gymnasium (HS) |
| <input type="checkbox"/> Willow Ridge | <input type="checkbox"/> Classroom # _____ | <input type="checkbox"/> Rock Wall Gym (HS) |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Outdoor Facilities _____ | |
| <input type="checkbox"/> High School | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Dexter Terrace | | |
| <input type="checkbox"/> District Office | <input type="checkbox"/> Norman C. Vergil's Community Center | |
| | <input type="checkbox"/> Betty Summers Teacher Center | |
| | <input type="checkbox"/> Conference Room | |
| | <input type="checkbox"/> Other _____ | |

Day: Date(s): Time(s): Specify AM or PM.

_____ / ____ / ____	From: _____ To: _____
_____ / ____ / ____	From: _____ To: _____
_____ / ____ / ____	From: _____ To: _____
_____ / ____ / ____	From: _____ To: _____
_____ / ____ / ____	From: _____ To: _____

Set Up Requests: Attach a diagram for special set-ups.

Special Services/Equipment: Applicant is responsible for making all AV arrangements with the personnel of the requested school facility.

- Microphone Podium Piano Spot Lights Movie Screen TV VCR DVD
- Other _____

SECTION D: Agreement

Health Risk Clause: The applicant is responsible for reviewing, understanding and disseminating safety information to all participants in attendance.

- Contact the building health professional for any safety or known health concerns, which includes accommodations for allergies such as latex and nuts, prior to facility usage. Information on managing health concerns will be provided upon request.
- Automated External Defibrillators (AEDs) are located in each building for emergencies. It is the applicant's responsibility to know the location of the AED prior to facility use. The AED should be brought to the location of an unconscious person and 911 emergency medical services contacted.
- The building custodian must be informed of any emergency, health, or safety concern during building usage, including any blood or body fluid spill for proper clean-up and disinfection.
- New York State Education Law and School Policy prohibits any tobacco use on school property (including in vehicles) at all times.

I hereby agree to use ONLY the above-related facilities and to be responsible for the proper use of such facilities in accordance with all rules and, if necessary, to pay the cost of services required to make these facilities available for use.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY: Approved Not Approved **Date Received:** _____

Signature of Designated Principal/Building Administrator:

_____ **Date:** _____

Separate Insurance Required: Yes No Insurance Papers Received, if Required

Head Custodian: _____ Custodial Notes: _____

Athletic Director: _____

Aud. Coordinator: _____

AV Coordinator: _____

FEE BOX:	
Facility Fee:	_____
Custodial Fee:	_____
Chaperone Fee:	_____
Service Fee:	_____
Total Fee:	_____