

**VOORHEESVILLE CENTRAL SCHOOL DISTRICT**

**Use of Facilities Request Form**  
(District Office – 765-3313, ext. 103)

<b>Organization:</b> _____	<b>EVENT DATE:</b> _____
<b>Contact Person:</b> _____	<b>Title:</b> _____
<b>Phone Number:</b> _____	<b>Application Date:</b> _____
<b>Mailing Address:</b> _____	
<b>Email Address:</b> _____	

**Proposed Use:** *(1. Fill out all applicable items below; 2. Include all dates; 3. Be specific; 4. Use separate sheet, if necessary)*

**Building/Areas Requested:** \_\_\_\_\_

**Day/Date:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Day/Date:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**The Premises will be used for:** \_\_\_\_\_

**Admission will / will not be charged; proceeds will be used for:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Team or Group Parent(s):** \_\_\_\_\_

**The name of the organization for this event can be placed on the District’s Online Calendar (Yes/No)** \_\_\_\_\_

**Set-Up Requirements and/or Special Equipment Needed:** \_\_\_\_\_

\_\_\_\_\_

**INSURANCE REQUIREMENTS:** An UP-TO-DATE Certificate of Insurance for your organization, listing our school district as an additional insured, must accompany this application (unless there is a current one on file in the school’s District Office). Permits will not be issued until we are in receipt of the proper insurance form.

I agree on behalf of the above indicated organization that all members and guests will observe all regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to Voorheesville Central School District property during the above indicated period of use. To the fullest extent permitted by law, the group shall defend, indemnify, and hold harmless the Voorheesville Central School District, their officers, directors, and employees from and against any and all claims, demands, suits or causes of action that result from injury to any person, including death, or damage to or loss of tangible property arising from the negligent or intentional acts or omissions of the group, its employees, participants or agents. To the extent that this paragraph conflicts with any term of provision contained within the group’s insurance policy, the terms of the insurance policy shall control.

I have received, carefully read, and fully understand the **Public Use of School Facilities Policy** for use of the Voorheesville Central School District facilities.

**Signature of Organization Representative (Contact Person):** \_\_\_\_\_

**Applicant: DO NOT WRITE BELOW**      **\*\* In case of cancellation or modification, please notify the District Office**

**FEES:** See Use of Facilities Handbook

\_\_\_\_\_

**APPROVALS:**

District Office: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Room Verification \_\_\_\_\_

PAC Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit Issued: Number: \_\_\_\_\_ Date Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District Office will notify the Requestor, Custodians & as needed:  
Athletic Director, PAC Manager, Fine Arts Dept. Chair, Director of Tech., Finance Clerk