PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
APPLICATION FOR AUTHORIZED USE ATHLETIC FACILITIES AND FIELDS

SAMPLE

▶ REQUEST MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT. ▶ SCHOOL DISTRICT PROGRAMS TAKE PRECEDENCE OVER OTHER REQUESTS.
▶ SUBMISSION OF THIS REQUEST DOES NOT CONSTITUTE A RESERVATION – YOU MUST RECEIVE APPROVED FORM BACK FOR FACILITY USE TO BE HONORED.
▶ SETUP/EQUIPMENT/NEEDS REQUEST MUST BE SUBMITTED WITH FORM AT TIME OF REQUEST.

PUTNAM VALLEY ATHLETIC DEPARTMENT
PHONE: 845.528.7412 FAX: 845.526.7852
SUBMIT FORM TO ATHLETC OFFICE FOR AFTERSCHOOL ATHLETIC FIELD/FACILITY USE

ELEMENTARY SCHOOL 171 OSCAWANA LAKE RD. PUTNAM VALLEY, NY 10579	MIDDLE SCHOOL 142 PEEKSKILL HOLLOW RD. PUTNAM VALLEY, NY 10579	HIGH SCHOOL 146 PEEKSKILL HOLLOW RD. PUTNAM VALLEY, NY 10579
☐ OLD GYM ☐ UPPER FIELD ☐ SOFTBALL FIELD ☐ NEW GYM ☐ LOWER FIELD	☐ GYMNASIUM	☐ GYMNASIUM ☐ BASEBALL FIELD ☐ TURF FIELD ☐ SOCCER FIELD ☐ TRACK ☐ SOFTBALL FIELD

ORGANIZATION _____ CONTACT PERSON _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP CODE: _____

ORGANIZATION PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ EVENT SITE SUPERVISOR (IF DIFFERENT): _____

BRIEF DESCRIPTION OF EVENT			
DATE(S) REQUESTED		START TIME:	END TIME:

OF PEOPLE PARTICIPATING: _____ # CHAPERONES: _____ # OF EXPECTED AUDIENCE: _____
% OF PUTNAM VALLEY STUDENTS / RESIDENTS: _____
WILL YOUR ORGANIZATION CHARGE A FEE OR ADMISSION? YES | NO IF YES, AMOUNT FOR ADULTS $_____ CHILDREN/STUDENTS $_____
PURPOSE FOR WHICH PROCEEDS WILL BE USED: _____
TYPE OF ORGANIZATION: ☐ 501 (C)(3) ☐ FOR-PROFIT
INSURANCE CERTIFICATE ☐ ATTACHED

BY SIGNING THIS FORM YOU AGREE TO ABIDE BY ALL PVCSD RULES AND REGULATIONS, COVER ANY FEES THAT MAY PERTAIN, AND ATTACH WITH THIS REQUEST A COPY OF YOUR ORGANIZATION'S INSURANCE CERTIFICATE.

SIGNATURE: _____ DATE OF REQUEST: _____

ATHLETIC NEEDS:

☐ STADIUM LIGHTS ☐ STADIUM SCOREBOARD ☐ MICROPHONE ☐ GOALS, NETS ☐ GROUNDSKEEPER/CUSTODIAN
☐ GYMNASIUM SCOREBOARD ☐ BASKETBALL HOOPS ☐ VOLLEYBALL NETS ☐ LOCKER ROOMS ☐ BLEACHERS OUT / IN
☐ TABLES ___ CHAIRS ___ ☐ FIELD PREP/LINING ☐ OTHER (PLEASE SPECIFY): _____

DO NOT WRITE BELOW THIS LINE

501 (c)(3): Y N **PV GROUP: Y N** **OTHER**

II. FACILITY USAGE FEE APPLICABLE? YES _____ NO _____
OTHER FEES APPLICABLE? YES _____ NO _____
75% PUTNAM VALLEY STUDENTS/RESIDENTS? YES _____ NO _____
INSURANCE CERTIFICATE (MUST BE ATTACHED TO THIS FORM) _____
NAME OF INSURANCE COMPANY _____
AMOUNT OF LIABILITY $_____ EXPIRATION DATE _____
APPROVED _____ DISAPPROVED _____

_____ _____
ATHLETIC COORDINATOR SIGNATURE DATE

Facility Usage	$ _____
Custodian	$ _____
Groundskeeper	$ _____
Field Lights	$ _____
Field Prep	$ _____
Security / Event Management	$ _____
Other	$ _____
TOTAL	$ _____

ORIGINAL: ATHLETIC DEPARTMENT YELLOW: ORGANIZATION PINK: BUSINESS OFFICE GOLD: HEAD CUSTODIAN CC: BUILDING PRINCIPAL