SAMPLE

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

SAMPLE

APPLICATION FOR AUTHORIZED USE OF BUILDING CLASSROOM, CAFETERIA OR LIBRARY

- REQUEST MUST BE SUBMITTED TO MAIN OFFICE 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.

ELEMENTARY SCHOOL 171 OSCAWANA LAKE RD P:845-528-8092 F:845-528-8171	MIDDLE SCHOOL 142 PEEKSKILL HOLLOW RD P:845-528-8101 F: 845-528-8145	HIGH SCHOOL 146 PEEKSKILL HOLLOW RD P:845-526-7847 F: 845-528-4456
☐ CLASSROOM _____ ☐ CAFETERIA ☐ LIBRARY	☐ CLASSROOM _____ ☐ CAFETERIA ☐ LIBRARY	☐ CLASSROOM _____ ☐ CAFETERIA ☐ LIBRARY

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 (ATTACH LIST IF NEEDED)		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

SPECIAL NEEDS: (ADDITIONAL CHARGES MAY APPLY)

☐ MICROPHONE ☐ PODIUM ☐ PROJECTOR ☐ SCREEN ☐ TV/VCR ☐ SETUP CHAIRS
☐ TABLES ____ ☐ CHAIRS ____ ☐ DEDICATED CUSTODIAN ☐ OTHER (PLEASE SPECIFY):_____

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: _____

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 _____

REASON IF NOT APPROVED _____

_____ _____
PRINCIPAL SIGNATURE DATE

Facility Usage	$ _____
Custodian	$ _____
Setup/Takedown Fee	$ _____
Equipment	$ _____
Equipment Operator	$ _____
Security / Event Management	$ _____
Other_____	$ _____
TOTAL	$ _____

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

05-09-08