Ichabod Crane Central School District, Valatie, NY 12184

CO-85

REQUEST FOR USE OF SCHOOL FACILITIES

Name, address, and telephone number of person(s) responsible for this group:				
School requested (check High School Elem/Middle School Primary School	Kitchen	x large X outsid	period (de area (w I period	
Activity to be held:	Knights	Day		
Please complete the foll	owing:	7		40
DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY				
WEDNESDAY	25			
THURSDAY	1.1.1.0	11.1.00	0160	151/18
FRIDAY	6/1/18	6/1/18	9,00	12:40
SATURDAY SUNDAY	1 1000	zini i		
-	- 1	11 -		
(Complete rules are a 2. Our organization assi its Board of Educatio cause as an absolute 3. I have attached a cer insured on my insura	th all district policies, pro available in Central Office umes any and all risk whi n, its employee, officers, term of this facilities use tificate of liability insurar ance policy. at I have been duly and p	e.) Ie on school grounds, agents and assigns, fr . Ince with Kinderhook Control Toperly authorized by	and, indemnifies and rom any and all liability	eleases the school district, whatsoever regardless of s an additional named and the organization to this
Signature of responsible	pal *Yellow – Building Cu	Appro	F.O. E.W.	Date Organization