

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: Glencadia Bullets Track + Field Club Number of persons in group: 50 (est)

Name, address, and telephone number of person(s) responsible for this group:

Jessica Flint, Registration Coordinator (518) 755-8437
54 Hunter Drive South Valatie, NY 12184

| | | |
|---|--|-------------------------------------|
| School requested (check one): | Room requested (check one): | Additional Equipment Needed: |
| High School <input checked="" type="checkbox"/> | Kitchen _____ | _____ |
| Elem/Middle School _____ | Cafeteria _____ | _____ |
| Primary School _____ | Library _____ | _____ |
| | Gymnasium _____ | _____ |
| | Auditorium _____ | _____ |
| | Athletic Field <input checked="" type="checkbox"/> + track | _____ |
| | Classroom(s) _____ | _____ |
| | Other Area _____ | _____ |

Activity to be held: track + field practice

Please complete the following:

| DAY | START DATE | STOP DATE | TIME START | TIME STOP |
|-----------|------------|-----------|------------|-----------|
| MONDAY | 4/24/17 | 7/27/17 | 6 pm | 7:30 pm |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | 4/24/17 | 7/27/17 | 6 pm | 7:30 pm |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | | | | |

I agree to the following terms and conditions:

- I agree to comply with all district policies, procedures, rules and regulations pertaining to building/property use. (Complete rules are available in Central Office.)
- Our organization assumes any and all risk while on school grounds, and, indemnifies and releases the school district, its Board of Education, its employee, officers, agents and assigns, from any and all liability whatsoever regardless of cause as an absolute term of this facilities use.
- I have attached a certificate of liability insurance with Kinderhook Central School District as an additional named insured on my insurance policy.
- I further guaranty that I have been duly and properly authorized by the Organization to bind the organization to this agreement.
- ALL FORMS SHOULD BE SUBMITTED TO MAINTENANCE ONE WEEK BEFORE REQUESTED USE OF FACILITIES.**

Jessamine M. Warner 3/21/17
 Signature of responsible person Date
Jessica Flint

[Signature] 4-3-17
 Approved Date

Copies: White – Principal *Yellow – Building Custodian* Pink – Maintenance Office *Goldenrod – Organization