Ichabod Crane Central School District, Valatie, NY 12184

CO-85

amb 2-25-13

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: GIRLS BASKETBACL PROGRAMNumber of persons in group: UNKNOWN				
Name, address, and telephone number of person(s) responsible for this group:				
Maissa Vooris 765-3239				
School requested (chechigh School Elem/Middle School Primary School Activity to be held:	k one): Room req Kitchen Cafeteria Library Gymnasium Auditorium Athletic Fie Classroom(Other Area	ld	Additional Equipment BLEACHERS IN HOOPS DOWN GYM FLOOR NO COVERGE	CLEARED
Please complete the following:				
DAY	T T	STOP DATE	TIME CTART	TIME STOP
	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY'S	STARTING 5 21 17	STOPPING 11 5 17	\$ 3:00 pm	G:00 pm
I agree to the following terms and conditions:				
1. I agree to comply with all district policies, procedures, rules and regulations pertaining to building/property use.				
(Complete rules are available in Central Office.)				
2. 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.				
3. I have attached a certificate of liability insurance with Kinderhook Central School District as an additional named insured on my insurance policy.				
	* *	properly authorized by	the Organization to bind	d the organization to this
5. ALL FORMS SHOULD BE SUBMITTED TO MAINTENANCE ONE WEEK BEFORE REQUESTED USE OF				
FACILITIES.				
Melina Vooris S-8-17				
Signature of respons ble	e person	Date Appro	oved	Date
Conject White - Principal *Vellow - Building Custodian* Bink - Maintenance Office *Coldanzad - Organization				