

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: Ichabod Primary School PE Number of persons in group: 300+

Name, address, and telephone number of person(s) responsible for this group:
Tom Call - Primary School PE
Don Cremo - Primary School PE

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

Activity to be held: Primary School Field Days

Please complete the following:

DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY <u>2nd + 3rd grade</u>	<u>6/6/17</u>	<u>6/6/17</u>	<u>8:30am</u>	<u>3:00pm</u>
WEDNESDAY <u>(raindate)</u>	<u>6/9/17</u>	<u>6/9/17</u>	<u>8:30 am</u>	<u>3:00pm</u>
FRIDAY <u>K + 1st grade</u>	<u>6/15/17</u>	<u>6/15/17</u>	<u>8:30 am</u>	<u>3:00 pm</u>
FRIDAY <u>(raindate)</u>	<u>6/16/17</u>	<u>6/16/17</u>	<u>8:30 am</u>	<u>3:00 pm</u>
SATURDAY				
SUNDAY				

- 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.
 4. I further guaranty that I have been duly and properly authorized by the Organization to bind the organization to this agreement.
 5. **ALL FORMS SHOULD BE SUBMITTED TO MAINTENANCE ONE WEEK BEFORE REQUESTED USE OF FACILITIES.**

Tom Call 5-8-17
 Signature of responsible person Date

 5-10-17
 Approved Date

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