

## REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: COLUMBIA CLIPPERS Number of persons in group: 15

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

DAVE AMES (518) 821-5619

## School requested (check one):

High School ☒  
 Elem/Middle School ☐  
 Primary School ☐

## Room requested (check one):

Kitchen ☐  
 Cafeteria ☐  
 Library ☐  
 Gymnasium ☐  
 Auditorium ☐  
 Athletic Field ☒  
 Classroom(s) ☐  
 Other Area ☐

## Additional Equipment Needed:

VARSITY BASEBALL FIELDActivity to be held: BASEBALL GAMES

Please complete the following:

DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY	6/12, 7/10		5pm	8pm
TUESDAY	6/13, 6/20, 6/27, 7/11, 7/18		5pm	8pm
WEDNESDAY	6/28, 7/12, 7/19		5pm	8pm
THURSDAY	6/8, 6/15, 6/29, 7/6, 7/13		5pm	8pm
FRIDAY				
SATURDAY				
SUNDAY	6/4, 6/25		11AM	6pm

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.**

[Signature] 5/10/17  
 Signature of responsible person Date

[Signature]  
 Approved

5-24-17  
 Date

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