amb 2-25-13

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization:	(U		Number of persons in	group: 100-150
Name, address, and te	lephone number of perso	n(s) responsible for t	his group:	
- DAME LING	523 (512) 23	11-2611		
School requested (che High School Elem/Middle School Primary School	Kitchen		Additional Equipment MUROPHONE AND PODIUM I TABLE 7	CABLE
	Λ			
Activity to be held:	AWARD CER	EMORY		
Please complete the fo	llowing	(
DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY	START BATE	3107 57(12	THE STAIR	THINE STOP
TUESDAY	11/14/17+ 3/13/18	,	5pm	8pm
WEDNESDAY	11/12/11 -112/18	()	Spire	- spir
THURSDAY	6/2/14		Spm	SpM'
FRIDAY	011/10		- Spr	Print
SATURDAY				
SUNDAY				
 I agree to comply v (Complete rules are Our organization as its Board of Educati cause as an absolut I have attached a consured on my insu I further guaranty tagreement. 	ion, its employee, officers te term of this facilities us ertificate of liability insura rance policy.	e.) ile on school ground , agents and assigns, e. ince with Kinderhook properly authorized l	s, and, indemnifies and reference from any and all liability of Central School District as by the Organization to bir	eleases the school district, whatsoever regardless of s an additional named and the organization to this
500m	es 6/7/1	<u> </u>		
Signature of responsib	ole person	Date App	roved	Date
Copies: White – Prin	ncipal *Yellow – Building C	Custodian* Pink – Ma	intenance Office *Golder	nrod – Organization