REQUEST FOR USE OF SCHOOL FACILITIES

Tracy	Nytransk	y >4	1097	
chool requested (cheoligh School em/Middle School rimary School	λ Kitchen	ested (check one):	Additional Equipment 30-35 table 250 chairs Mic	
ctivity to be held:	Athletic Field Classroom(s Other Area		2 tables	Ceremony
ctivity to be held: ease complete the fo	Classroom(s Other Area GACR		2 tables	Ceremony
	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables	TIME STOP
ease complete the fo	Classroom(s Other Area GACR	anguet +	2 tables / Awards (f
ease complete the fo	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables Awards (TIME STOP
ease complete the fo DAY MONDAY	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables Awards (TIME STOP
ease complete the fo DAY MONDAY TUESDAY	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables Awards (TIME STOP
ease complete the fo DAY MONDAY TUESDAY WEDNESDAY	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables Awards (TIME STOP
ease complete the fo DAY MONDAY TUESDAY WEDNESDAY THURSDAY	Classroom(s Other Area GACB Illowing: START DATE	anguet +	2 tables Awards (TIME STOP

- 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 MAINT	ENANCE ONE WEEK B	SEFORE REQUESTED USE OF
	FACILITIES		

Signature of responsible person

Date

Approved

Data

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