Ichabod Crane Central School District, Valatie, NY 12184

CO-85

MAV 1 0 0012			L				
MAY 16 2017	REQUES	T FOR USE OF SCI	HOOL FACILITIES]			
Name of Organization:	Ed mal	DingBand	Number of persons	in group:			
Name, address, and telephone number of person(s) responsible for this group:							
School requested (check one): High School Elem/Middle School Primary School Library Gymnasium Auditorium Athletic Field Classroom(s) Other Area Activity to be held:							
Please complete the fo	llowing:						
DAY	START DATE	STOP DATE	TIME START	TIME STOP			
MONDAY							
TUESDAY	1 1	11					
WEDNESDAY	3/48/18	5/23/18	(200 pm	8:30pm			
THURSDAY		7/1	, , ,				
FRIDAY							
SATURDAY							
SUNDAY							
(Complete rules are 2. Our organization ass its Board of Education	rith all district policies, p available in Central Off sumes any and all risk w	ice.) /hile on school ground rs, agents and assigns,	s, and, indemnifies and	o building/property use. releases the school district, y 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.

Signature of responsible person	Data		Data
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FACILITIES.		()V)	100
2. ALL FORIVIS SHOULD BE SUBIV	ITTED TO MAINTE	NANCE ONE WEEK BEFORE RE	QUESTED USE OF

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

amb 2-25-13