

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: Te Ryu Dojo Number of persons in group: 35+-

Name, address, and telephone number of person(s) responsible for this group:
Tom Flanagan teryudojolo@gmail.com

School requested (check one):	Room requested (check one):	Additional Equipment Needed:
High School _____	Kitchen _____	_____
Elem/Middle School <u>X</u>	Cafeteria _____	_____
Primary School _____	Library _____	_____
	Gymnasium <u>X</u>	_____
	Auditorium _____	
	Athletic Field _____	
	Classroom(s) _____	
	Other Area _____	

Activity to be held: Martial Arts Class

Please complete the following:

DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY	9/11/17	9/11/17 → 10/20/17 ↑	5:00	9:00
TUESDAY				
WEDNESDAY	9/13/17	9/13/17 → 11/11/17 ↑	5:00	9:00
THURSDAY				
FRIDAY				
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.**

Signature of responsible person _____ Date _____
 Approved [Signature] Date 8-24-17

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