amb 2-25-13

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: ENL Dept.			Number of persons in group: 75 - 150	
Name, address, and telephone number of person(s) responsible for this group:				
Jennifer	Thompson -	ps		
School requested (check High School Elem/Middle School Primary School	Kitchen Cafeteria Library Gymnasium Auditorium Athletic Field Classroom(s Other Area)	Additional Equipment laptop microphene an screen/project tables	nd cord
Activity to be held: Parent Engagement Activity				
Please complete the fol	owing:			
DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY	12/1/17	12/1/19	6	9
SATURDAY		12/1/		
SUNDAY				
 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. 9-26-17				
(DY I 9/18/17 / 1/2 Fr. V. 9-27-17				
Signature of responsible person Date Approved Date				
Copies: White – Principal *Yellow – Building Custodian* Pink – Maintenance Office *Goldenrod – Organization				