lchabod	Crane	Central	School	District,	Valatie.	NY	12184

CQ-85

REQUEST	FOR	LISE	UE CCF	IOOL	FACII	ITIF
ILLUCESI	-	UJL	UI JUI	IOL		

١	\ lame of Organization;	Riders Ma	hing Band	Number of persons in g	group: 70+
<u></u>	lame, address, and tele	phone number of person	on(s) responsible for thi		
E	ichool requested (check High School Elem/Middle School Primary School	Kone): Room requisition Kitchen Cafeteria Library Gymnasium Auditorium Athletic Field Classroom(s Other Area	7 2 1	4	PR 2 4 2018
	Activity to be held:			L C	CHABOD CRANE ENTRAL SE JOOL
F	Please complete the foll		·		·
	DAY	START DATE	STOP DATE	TIME START	TIME STOP
	MONDAY				

ease complete the	TOTIOWING.			
DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY	1-1	1 1 2	مر	
WEDNESDAY	9/5/i8	11/7/18	5=30 pm	Maco: P
THURSDAY	17-7-	1,1,1,		
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

Date

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

amb 2-25-13