



# DEPOSIT CENTRAL SCHOOLS

## USE OF FACILITIES

### REQUEST FORM & CERTIFICATION

**Before you fill out this form, please verify that the date(s) you need are available by contacting the main office of either building that you are requesting. No event is considered to be booked until form is returned with all signatures. Please do not publicize events until they are officially approved. Questions should be directed to the Office of the Superintendent, 467-5380.**

We request permission from the Board of Education to use Deposit Central School facilities as listed below. As the person responsible for this activity, I agree to sign the Certification Regarding Use of School Premises on the reverse side, to adhere to the rules below, and understand that I am responsible for possible charges for facility usage. A Board of Education may permit the use of public buildings when not in use for school purposes for various specifies reasons which are set forth in Education Law §414.

**This form shall be submitted at the Elementary or Middle/High School office at least 14 days prior to the event. If custodial overtime is required, the organization will be billed accordingly. No organization is to pay the custodian directly.**

#### General rules for the use of our facilities are:

- 1) Adults shall supervise children when entering and leaving the building, in the corridors, and in the rooms being utilized.
- 2) Use shall be confined to the areas assigned.
- 3) Smoking and tobacco use is prohibited on all school property.
- 4) Be sure to pick up (police) the area before leaving.
- 5) Adhere to the time schedule approved.
- 6) Decorating, preparation for meals and arranging for events shall be done from 3:30-10:00 PM on school days unless there is a paid school employee hired to be present.
- 7) When the school is closed in an emergency because of weather, heat failure, or other reasons, all outside activities will be canceled and rescheduled.
- 8) Custodians must be allotted appropriate preparation time before and after an event to allow for set up/clean up.
- 9) Users are responsible for maintaining space maximum capacity and clear zones. (ex. Fire zones & exits)
- 10) Where required, a Hold Harmless Agreement and appropriate insurance certification may be requested.

**IMPORTANT NOTE:** Neither Automatic External Defibrillators (AED) nor personnel trained in their use will be available to outside groups using district facilities.

#### PLEASE PRINT

Organization Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Facility/Rooms Requested: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_ Day(s) \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Technology Needs: \_\_\_\_\_

Equipment/Set-Up Needs: \_\_\_\_\_

\*Please attach diagram for set-up as needed.

Custodian Needed  Cafeteria Staff Needed  Police Needed:

Person in Charge: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Signature of Requestor: \_\_\_\_\_

Please See Other Side

USE OF FACILITIES REQUEST FORM AND CERTIFICATION

CERTIFICATION REGARDING USE OF SCHOOL PREMISES

The applicant hereby certifies:

**IF ADMISSION FEES ARE NOT CHARGED OR DONATION ACCEPTED –**

The requested use pertains to social, civic, or recreational meetings and entertainments, which are non-exclusive and open to the general public.

**IF ADMISSION FEES OR DONATION ARE ACCEPTED –**

The proceeds are to be expended for an educational or charitable purpose.

**IT IS UNDERSTOOD THAT THE SCHOOL DISTRICT RESERVES THE RIGHT TO REVOKE THE PERMISSION TO USE THE SCHOOL PREMISES AND TO CANCEL THE ACTIVITY IF IT IS DETERMINED THAT THE CERTIFICATION IS INACCURATE.**

DATED: \_\_\_\_\_ Applicant (Print or type name): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Principal’s Secretary – Availability Yes  No  Date: \_\_\_\_\_

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Food Service Manager’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Facilities’ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AV Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_

- Cc: Applicant
- Superintendent
- Principal
- Head Custodian
- Facilities Director
- Athletic Director
- Transportation Director
- Food Service Manager
- AV/IT

\* Form should only be sent to applicable persons based on need. Please copy all requests on blue paper before routing to additional parties. If a request is received less than 14 days before an event, check the calendar and consult the Superintendent’s Office for approval to go forward.