

IRVINGTON UNION FREE SCHOOL DISTRICT SCHOOL FACILITIES REQUEST FORM



ORGANIZATION: _____

TYPE OF EVENT: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

EVENT DATES: _____

TIME: _____

NO. OF PARTICIPANTS: _____

NO. OF SPECTATORS: _____

SCHOOL: **DOWS LANE** _____ **MAIN STREET SCHOOL** _____ **DISTRICT OFFICE** _____
 MIDDLE SCHOOL _____ **HIGH SCHOOL** _____ **CAMPUS** _____

FACILITY REQUESTED:

AUDITORIUM _____	LIBRARY _____	PARKING LOT _____
GYMNASIUM _____	MAHER GYM _____	** FIELDS (SPECIFY) _____
CAFETERIA _____	CLASSROOM(S) _____	<small>** Not available at MSS</small>
THEATER _____	OTHER _____	CONFERENCE ROOM _____

FIELD LINING (TO BE DONE BY DISTRICT) \$50.00 FEE YES: _____ NO: _____

EQUIPMENT OR SERVICES NEEDED: _____

PLEASE NOTE: *USE OF DISTRICT FIELDS IS "PLAY IS AT YOUR OWN RISK"

- * ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO THE EVENT
- * A CERTIFICATE OF INSURANCE, THAT MEETS DISTRICT REQUIREMENTS, IS REQUIRED FOR ALL NON-SCHOOL SPONSORED EVENTS
- * ALL SCHOOL SPONSORED EVENTS MUST BE APPROVED BY BUILDING PRINCIPAL OR ADMINISTRATOR
- * ALL TERMS AND CONDITIONS OF SCHOOL FACILITIES USE MUST BE ADHERED TO INCLUDING COOPERATION WITH THE IRVINGTON UFSD FIELD MARSHALL
- * **FIELD CLOSURES OVERRIDE PERMITTED USE AND MUST BE RESPECTED OR LOSS OF USE WILL OCCUR.**
- * PLEASE HAVE A SIGNED (APPROVED) COPY OF THIS FORM ID AND ROSTERS AVAILABLE FOR INSPECTION BY THE FIELD MARSHALL
- * SMOKING IS NOT PERMITTED ANYWHERE ON SCHOOL DISTRICT PROPERTY
- * ALCOHOLIC BEVERAGES MAY NOT BE SOLD, SERVED OR CONSUMED ANYWHERE ON SCHOOL DISTRICT PROPERTY
- * ANY PROPERTY DAMAGE, EITHER TO FACILITIES OR FIELDS, IS THE REPONSIBILTY OF THE REQUESTING ORGANIZATION DISTRICT WILL ASSESS DAMAGES AND INVOICE ACCORDINGLY.

I HAVE READ THE DISTRICT'S POLICY 1500 ON FACILITIES RENTAL AND AGREE TO FOLLOW THE POLICY, REGULATIONS, SCHOOL CODE OF CONDUCT AND POSTED RULES.

SIGNED _____

_____ **DATE**

APPROVALS: _____

BUILDING PRINCIPAL/ADMINISTRATOR APPROVAL

_____ **DATE**

BUILDINGS AND GROUNDS

_____ **DATE**

INSURANCE CERTIFICATE RECEIVED _____