

**GREENE CENTRAL SCHOOL DISTRICT
FACILITIES USE REQUEST FORM**

**Both sides of this form must be completed, signed and submitted to the District Office
ten business days prior to event.**

Return to: Shiela Walker, District Office, 40 South Canal Street, Greene, NY 13778
607-656-4161 x247 607-656-9362 FAX swalker@greenecsd.org

INSURANCE COVERAGE IS REQUIRED:

A certificate of insurance must be presented with the Facilities Use Request Form.

Event Name and Description of Event: _____

Date(s) Requested: _____

Day(s) of Week: Mon. Tues. Wed. Thurs. Fri. Sat.

Event Start Time: FROM: _____ a.m. _____ p.m. **TO:** _____ a.m. _____ p.m.

Prep. Setup Time: _____ **Use End Time:** _____

CAMPUS: High School Middle School Intermediate Primary

Indoor Facilities:

- Auditorium Stage Pit Lobby Gym Pool Weight Room Wrestling Room
 Library Cafeteria Kitchen BOE Conference Room Chorus Room Band Room

Classroom number(s): _____

Outdoor Fields:

- Baseball 1 Baseball 2 Field Hockey Soccer 1 Soccer 2 Softball 1
 Softball/Football Grass Field Football Practice Field Tennis Track Turf

Custodial Services:

- Event Setup (Tables/Chairs) _____
 Screen Podium Bleachers Air Conditioning Trash Removal
 Custodial Help _____

IT Services:

- Media Cart (Projector, DVD/VHS)
 Microphone(s): # _____ Stand(s) Placement: _____

Other: _____

FACILITIES USE REQUEST FORM

Name of Organization: _____

Contact Name: _____

Phone: _____ Email: _____

Admission Charge: Yes No Number of Persons Attending _____

The following guidelines will apply to those persons requesting the facility use and responsible for the security and safety of the facility and activity.

This phase of the policy will be signed by the person responsible.

- a) Use Requirements
 - 1) All persons will enter the school through the door closest to the area to be used.
 - 2) Only the area scheduled for use will be used. No one shall be in any other part of the facility.
 - 3) Only the equipment and/or energy requirements requested will be used.
 - 4) When the activity concludes the person responsible shall be sure that all of the facilities used are secured. This includes lighting, as well as all doors and windows, and that everyone has vacated the premises.
 - 5) The person responsible shall notify a designated member of the custodial staff that the facility is secure.
- b) Failure to abide by the above regulations.
 - 1) First Failure:
 - a) If it is determined that the facility and/or equipment, etc. requested is not left as found, the person responsible shall make restitution in the amount needed to return the area to its "found" condition.
 - b) The person responsible will lose the privilege to use school facilities for a period of thirty (30) days.
 - 2) Second Failure:
 - a) If it is determined that the facility and/or equipment, etc. requested is not left as found, the person responsible shall make restitution in the amount needed to return the area to its "found" condition.
 - b) The person responsible shall lose all rights to keys and use of the school facilities without a member of the custodial staff being present and in charge of the facility. A custodial fee shall be charged.
 - c) The facility will not be used by the same person or their group at any time other than the time the facility would be normally used.
 - d) A copy of the report on the misuse of the facility shall be placed in the appropriate file.

Signature:

This notice shall be read, agreed to and signed by the person responsible and the Superintendent of Buildings and Grounds or designee before approval is given by the School Superintendent.

I, (print name) _____ representing the above organization, am responsible for adherence to all district regulations regarding the facilities used. Any expenses to the district for custodial services, supervision or damages resulting from our use of the school facilities will be paid by our group. *If school is closed for a snow day or emergency, I understand I will need to cancel and reschedule this event.*

Signature: _____ Date: _____
Person Responsible

Signature: _____ Date: _____
Facility Use Coordinator

Office Use Only: Processed and recorded by: _____ Date: _____

Approved: Yes _____ No _____ Fee Amount (if required) \$ _____