

**GUILDERLAND CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF BUILDING/GROUNDS**

PERMIT _____

Today's Date _____

Organization: _____

Person in Charge or Responsible: _____

Address: _____

Phone No.: _____

Facility Requested: _____

Date (s): _____

Time: _____

ADDITIONAL SERVICES REQUESTED: (Kitchen, audio visual equipment, traffic control, set-up of tables and chairs, etc.)

Event or Purpose: _____

Number of Persons Expected: _____ Admission Fees: _____

Please be advised that the custodian is not present for the sole use of the organization but may be assigned to other duties by the school district when appropriate. Additional custodial time may be needed for set-up and/or clean-up.

Payment, if applicable, is to be made to the Guilderland Central School District no later than 30 days after billing for actual services rendered.

For Middle School field use, please be advised that parking is not permitted along Presidential Way or on athletic fields.

All buildings and grounds of the Guilderland Central School District are classified as Tobacco and Smoke Free areas. Alcohol, drugs, and weapons are strictly prohibited on school property. Please be advised that when school is closed for a holiday then the building/grounds use is not permitted. Inclement weather may also result in closure of buildings. On days of this nature, please check with building office for availability.

I acknowledge a certificate of insurance naming the Guilderland Central School District as an additional insured party must be provided prior to approval.

I understand that the attached General Regulations and Regulations for Public Order must be complied with if permission is granted to use the facilities. The Board of Education reserves the right to revoke any permit granted to any user without prior notice to such user.

SIGNATURE: _____

APPROVAL

FOR OFFICE USE:

INSURANCE CERTIFICATE NAMING GUILDERLAND CENTRAL SCHOOL DISTRICT AS AN ADDITIONAL INSURED.

Received N/A - Explanation: _____ Expiration Date: _____

Approved: _____ Disapproved: _____ Date: _____

Building Principal: _____ (Designee of the Superintendent)

Estimated Charges: Building Use \$ _____; Ground Use \$ _____; Custodial Fee \$ _____
Food Service \$ _____ **TOTAL ESTIMATED CHARGES \$** _____

Special conditions for use: _____