

**BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT
APPLICATION AND AGREEMENT FOR USE OF FACILITIES**

Name of Organization/Group: _____

Contact Person Name: _____

Mailing Address: _____

Phone Number: (Home) _____ (Work) _____

Site Requested: 1. High School 2. Middle School 3. TLC 4. Intermediate School
(please circle one)

Area Requested: 1. Dining Area * 2. Gymnasium 3. Classroom 4. Auditorium
5. Athletic Field 6. Other (please specify) _____

Date Requested: _____ **OR** Beginning: Month _____ Day _____ Year _____
Ending: Month _____ Day _____ Year _____

Days/Times Requested: Days _____ Times _____

Age Level of Participants Under 8 years _____ 8-12 years _____ 12-16 years _____ Adult _____

Will Admission Be Charged: Yes _____ Amount \$ _____ No _____ Number of people expected: _____

Explain Purpose of Activity: _____

Special Needs (please state):

This application must be submitted to the Superintendent and must be approved before authorization to use school facilities is given. All functions must be concluded and the facilities vacated by 10:00 P.M. Custodial services requested beyond the scope of their regular employment will be paid by the applicant.

I AGREE TO ABIDE BY THE BROADALBIN-PERTH SCHOOL POLICY ENTITLED "USE OF SCHOOL FACILITIES"

I agree to save and hold harmless the Broadalbin-Perth CSD, the Board of Education and its members and employees, and to assume responsibility for and defend at its own expense, all claims for damage to property and persons, including medical expense, for injuries incurred and arising incidental to the use of the facility; it being further understood and agreed that the Board of Education assumes no obligation or responsibility in connection with the use of the facility. All organizations participating in the use of school property shall further agree to assume all costs of damage to the building and/or contents.

PLEASE COMPLETE OTHER SIDE

All organizations using the facility must carry a liability policy with limits of at least \$300,000/\$500,000. They must also provide a certificate of insurance naming the Broadalbin-Perth CSD as an insured and it must be submitted with application to be approved.

Signature of Applicant

Telephone _____

Address _____

Insurance Carrier _____

Certificate/Policy# _____

Signature of Athletic Director

Date _____

Signature of Superintendent

Date _____

Please allow time for approval of your request before the date of your event.

Please return this completed form to:

Mr. Stephen Tomlinson, Superintendent
Broadalbin-Perth Central School District
20 Pine Street
Broadalbin, NY 12025

FOR OFFICE USE ONLY

Date Processed _____

Pete Swartz _____

Michael Calvello _____

George Hanstein _____

Adam Barnhart _____

Toby Ortell _____

*** Requests for Kitchen/Cafeteria area:**

If you are requesting a kitchen/cafeteria area in either school for the purpose of hosting a breakfast, dinner, etc., approval will depend upon availability of Food Service Staff to assist. The area must be cleaned and returned to its original condition before you leave the premises.

Please list the names of your clean-up committee that will be responsible for this duty:

