

# SOUTH COUNTRY CENTRAL SCHOOL DISTRICT

**189 N. Dunton Ave  
E. Patchogue, N.Y. 11772  
Phone: 631-730-1500**

## Application for Use of School Facilities

Applications must be filed in the Principal's Office of the School requested. Event must not be advertised until favorable action is taken and approved copy of application is returned to applicant. The event planned must fulfill all requirements of the rules concerning use of school facilities which appear on the following pages. Certificate of insurance must accompany application. This certificate must name the South Country Central School District as additional insured and the certificate holder. It is the sole responsibility of the applicant to maintain sufficient insurance coverage throughout the period of use requested and to comply with all laws and District policies regarding the proposed use of facilities.

**SCHOOL REQUESTED** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_\_

<b>Name of Organization:</b> _____			
<b>Address:</b> _____			
Street	City/Town	State/Zip	
<b>Phone:</b> _____			
<b>Presiding Officer:</b> _____		<b>Event Supervisor:</b> _____	

**Name of Event:** \_\_\_\_\_

**Number of Participants Expected:** \_\_\_\_\_ **Adults** \_\_\_\_\_ **Children** \_\_\_\_\_  
 Percentage of Participants/Members who are residents of the South Country Central School District.  
 (Please attach proof; i.e. Roster) \_\_\_\_\_ % residents.

Will an admission fee be charged? \_\_\_\_\_ How Much? \_\_\_\_\_ Purpose of Charge: \_\_\_\_\_

**Note: If the building is to be used on Saturday or Sunday the Organization using the building will be charged for overtime custodial services.**

Day(s) of Event	Date(s) of Event	Time of Event	Season
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	From: ___/___/___ M D Y  To: ___/___/___ M D Y	From: _____ A.M. P.M.  To: _____ A.M. P.M.	<input type="checkbox"/> Fall (Sept. 1 to Nov. 30) <input type="checkbox"/> Winter (Dec. 1 to Feb. 29) <input type="checkbox"/> Spring (Mar. 1 to June 30) <input type="checkbox"/> Summer (July 1 to Aug. 31)

AREAS TO BE USED (check/circle all that apply)				
Auditorium <input type="checkbox"/>	Gymnasium <input type="checkbox"/> Girls East West Boys	Cafeteria <input type="checkbox"/> East West	Kitchen <input type="checkbox"/>	Other <input type="checkbox"/> Explain _____
Baseball Field <input type="checkbox"/>	Softball Field <input type="checkbox"/>	Football Field <input type="checkbox"/>	Tennis Court <input type="checkbox"/>	Soccer <input type="checkbox"/> Lacrosse Field
Classroom				Track <input type="checkbox"/>

WHITE COPY TO APPLICANT YELLOW COPY TO BUILDING PRINCIPAL PINK COPY TO DIRECTOR OF FACILITIES

<b>Specific Building Facilities Needed:</b> (If additional specifications are required, please attach to application)	
Number of Seats Needed:	Where Placed:
Number of Tables Needed:	Where Placed:
Piano <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Lighting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gym Bleachers Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Microphones: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Kitchen Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No

If Kitchen equipment is required, give details and state purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Agreement:** The undersigned is over 21 years of age and has read this form and agrees to comply with all of the terms of the proposed use. I certify that as the officially-designated officer of the applicant organization, I have the authority to sign all forms and agreements, including this one, and that my signature indicates a full understanding of all the obligations assumed when using school facilities or school grounds. I the undersigned, agree to be responsible to South Country Central School District for the use and care of the facilities. He/She, on behalf of the user organization does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims, or actions (Including costs and Attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the District's property, facilities and/or services by the user organization.

I, the undersigned, hereby undertake complete responsibility for the supervision and welfare of all persons on school premises as the result of the event sponsored by the undersigned, and this liability and responsibility attach both with respect to the event itself, as well as to persons arriving on school grounds early or remaining on school grounds later than the actual time set aside for the use.

I, the undersigned, have made the above request on behalf of the above listed organization or group; with the understanding that I am to be held directly responsible for all personal injuries and for replacing or repairing any damages (accidental or vandalism) directly caused by the group or its invitees or participants. It is also understood that the privilege of using the building will be terminated until such damage has been repaired, and/or future requests for use of the facilities may be denied.

\_\_\_\_\_  
 Signature of Organization's Representative Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**For Office Use:**  
 Certificate of Insurance: Attached \_\_\_\_\_ Not Required \_\_\_\_\_

Approved:      Disapproved:  
 \_\_\_\_\_ Building Principal \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Athletic Director \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Asst's Superintendent \_\_\_\_\_ Date \_\_\_\_\_

This application will become the "Official Permit" only when approval is applied.