

Chatham Central School District, Chatham, NY 12037

REQUEST FOR USE OF FACILITIES

Submit form to Building & Grounds Secretary 30 days before requested use of facilities, whenever possible.

Name of Organization: _____ Number Attending Event: _____

Person(s) responsible for this group: _____

Address: _____ Phone (home): _____

Email: _____ Phone (work): _____

Names of Chaperones if students are involved in use of facility: _____

School requested (check one):	Room requested (check one):	Special Room Set up Needed:
MED School _____	Cafeteria _____	_____
High School _____	Library _____	_____
Middle School _____	Gymnasium _____	_____
Athletic Field _____	Auditorium _____	_____
Other Area: _____	Classroom(s) _____	_____
	*Kitchen _____	

**Use of kitchen in any building only upon approval of Café Supervisor and under direct supervision of CCSD kitchen worker - kitchen worker fee applies.*

Activity to be held: _____

Date(s) of Use: _____ Time of Activity: _____

Time door is to be opened: _____ Time group expected to leave: _____

Current Certificate of Liability Insurance, Form ACORD 25, is attached or already on file:

YES _____ NO _____ (Certificate MUST be received prior to event.)

I agree to the following terms and conditions:

1. I have reviewed and agree to comply with the district policy pertaining to building/property use.
2. Our organization assumes all risk while on school grounds and releases the school and/or district from any liability whatsoever.
3. I am providing a certificate of liability insurance (minimum \$1 million) with Chatham Central School District as an additional named insured on my insurance policy.
4. Requestors will be responsible for any damage to school property.

Submit form to: Buildings & Grounds at Chatham CSD or email to murrayv@chatham.k12.ny.us

Signature of responsible person _____ Date: _____

Approved by Superintendent, Buildings & Grounds _____ Date: _____

Approved by Building Principal: _____ Date: _____

Approved by Athletic Director (if gym or field use): _____ Date: _____

Approved by Cafeteria Supervisor (if kitchen use): _____ Date: _____

Approved by Superintendent: _____ Date: _____

Copies to: Building Principal, Building Custodian, Organization, Supervisor of Buildings & Grounds, Athletic Director (only if gym/field use), Café Supervisor (only if kitchen use),