

PUBLIC USE OF SCHOOL FACILITIES EXHIBIT

This application, to be submitted in quadruplicate to the Building Principal, must be accompanied by a \$25 application fee and by a certificate of insurance as follows: Routine Building Use - Min. Limits: Comprehensive General Liability \$1 million; Pool Gym or other High Risk - Min. Limits: Comprehensive General Liability \$1,000,000, with the Board of Education, Yorktown Central School District, named, along with your organization, as an additional insured in the policy.

Any organization using facilities beyond the hours when the custodial staff is normally on duty will be required to pay for custodial service at the prevailing overtime rate plus fringe benefits for the assigned individual(s).

If any work is to be done involving non-district employees, it may be done only after filing a certificate of Workers' Compensation Insurance with the Assistant Superintendent for Administration.

NAME OF ORGANIZATION _____

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON IN CHARGE & RESPONSIBLE FOR EVENT:

NAME: _____ TELEPHONE NO. _____

ADDRESS: _____

TYPE OF ACTIVITY _____

NO. OF PERSONS _____ SIGNATURE OR APPLICANT _____

DATE(S) DESIRED _____

TIME: _____ ARE YOU CHARGING ADMISSION? _____

SCHOOL REQUESTED _____

ROOM OR FIELD _____

EQUIPMENT OR SPECIAL ARRANGEMENTS DESIRED _____

Groups requesting use of school buildings and grounds agree to abide by Board regulations. Groups desiring to use the facilities for a series of meetings may make a single request for such use.

The Board reserves the right to cancel building and grounds uses where space is needed for school activities or such cancellation appears to the Board to be in the public interest. All building uses shall be automatically canceled when a emergency school closing or emergency early dismissal takes place.

Application Received by: _____ Date: _____ Time: _____

Approved by: (Bldg. Administrator) _____ Date: _

Fees: Application Fee: _____ Custodial/Kitchen Overtime: Yes ___ No _____

Energy Surcharge: _____

Location/Unit Charge: _____

Total Fees: _____

Insurance Certificate: Attached: _____ On File: _____

Workers= Compensation Certificate (if required):

Attached: _____ On File: _____

Adoption date: December 1, 1995