

**Pittsford Central Schools**  
 Application and agreement for use of school Facilities  
**NON-Athletic Facility Usage Request Form**  
 (classrooms, kitchens, auditoriums, etc.)

#3280F

This form is to be completed when requesting use of NON-Athletic facilities and equipment (classrooms, kitchens, auditoriums, etc.)  
 This form must be submitted to the building administrator of each building, at least two weeks prior to the event.

**Person in charge (PLEASE PRINT):** \_\_\_\_\_

<b>Application date:</b>	<b>Building:</b>	<b>Facility or area</b>	<b>Date(s) requested:</b>	<b>Total Hours:</b> <b>From:</b> <b>To:</b>
<b>Organization name:</b>		<b>Actual time of event:</b> <b>From:</b> _____ <b>To:</b> _____		
<b>Estimated attendance:</b>		<b>Name of on site supervisor(s) for event (must be present):</b>		
<b>Are admission fees being charged:</b> Yes      No		<b>Address:</b> <b>Phone: Home:</b> _____ <b>Work:</b> _____ <b>Cell:</b> _____ <b>E-Mail:</b> _____		
<b>Purpose of use of facility (explain completely):</b>				
<b>Furniture/equipment/support services needed (be specific and thorough):</b>				
<b>Equipment/materials to be brought by organization:</b>				

**General Liability Insurance:** It is agreed that the above named organization will be fully responsible for the care of the building facilities and equipment and the supervision of all persons coming into the building in connection with this activity. It is further agreed that this organization will reimburse the school district in full for any damage to the school building or equipment resulting from use as requested herein. Organizations/Persons using school facilities shall provide the District with proof of liability insurance with the Pittsford Central School District listed as an Additional Insured at limits equal or greater than \$1,000,000 per occurrence and \$2,000,000 aggregate.

Name of Insurance Carrier \_\_\_\_\_ (please attach certificate of insurance)

I have read the Pittsford Central School District's facilities usage regulations and fee schedule and hereby certify that the organization which I represent and the activity which we are sponsoring fully meets the conditions set forth, and agree to observe all rules and procedures as stated. **Hold Harmless Agreement:** The undersigned is over 21 years of age and has read this form and regulations and agrees to comply with them. He/she agrees to be responsible to the District for the use and care of the facilities. He/she, on behalf of \_\_\_\_\_ (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 attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connections with the actual or proposed use of the District's property, facilities and /or services by \_\_\_\_\_ (Organization).

**Signature of person in charge:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**For internal use only**

The schedule has been checked and the above facilities are available:    Approved                  Denied

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

<b>Head Custodian:</b>	Usha Jagadish: (main file)	<b>Originator of Application:</b>	<b>DOMS:</b>	
Athletics: (as required)	Technology:(as required)	Food Service:(as required)	Theater Manager:	

Estimated Fee:  
Labor Fees:  
  
Use Fees: