



NEWFANE CENTRAL SCHOOL DISTRICT Building Use Request Form

(Must be submitted to at least two weeks prior to the event – NO EXCEPTIONS)

Completion and submission of this form is the first step to receive approval to hold a special event. This is only an application. Authorization is not final until ALL district administration gives approval.

<input type="checkbox"/> Request for facilities by outside organization		<input type="checkbox"/> Request for facilities by school group
<input type="checkbox"/> NECC	<input type="checkbox"/> Intermediate School	<input type="checkbox"/> High School
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> District Facility

The _____ has been given a copy of the standards and regulations pertaining to the use of the Newfane Central School District (NCS D) facilities and has read and understood them. The requesting organization agrees to accept responsibility for their full and complete enforcement, upon approval.

Event Description:

Facilities Requested:		
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Baseball Field # _____	<input type="checkbox"/> Auditorium (Additional form required)
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Softball Field # _____	<input type="checkbox"/> District Pool
<input type="checkbox"/> Library	<input type="checkbox"/> Football Field	<input type="checkbox"/> OTHER (Please describe below)

Specific equipment or room requirements (Ex. overhead, screen, tables/chairs, etc.)

DATES					
HOURS					

****For multiple events please attach a copy of a schedule****

Number of Participants _____ Number of Chaperones _____

Name of person in charge at the time of the event _____

Will other security be available? Yes No If yes, who? _____

Will custodial services be required? Yes No If yes, to what extent? _____

CONTACT PERSON/ORGANIZATION/GROUP

Group Name _____

Contact person Name _____ Phone Number _____

Address _____

By initialing this box, I understand and agree with the NCS D Standards and Regulations for Use of Buildings and Facilities and the Hold Harmless Agreement.

The Newfane CSD and its employees, interim administrators, authorized volunteers and committee members, student teachers, auxiliary instructors and members of the BOE are hereby named as Additional Insured.

Certificate of Insurance (On File) Yes No

Town of Newfane Sponsored? Yes No Signature _____

SUBMIT COMPLETED REQUEST FORM, HOLD HARMLESS AGREEMENT, AND CERTIFICATE OF INSURANCE TO BUILDING PRINCIPAL OF FACILITY REQUESTED.

APPROVED

Building Principal _____ Date _____

Athletic/Pool Director _____ Date _____

Director of Facilities _____ Date _____

After final approval, a copy will be returned to the organization/group.