

Hastings-on-Hudson UFSD  
Farragut Avenue  
Hastings-on-Hudson, NY 10706

APPLICATION FOR USE OF FACILITIES

The Administration is responsible for the use of all school facilities. In order that they may consider your request for the use of school facilities, kindly complete this form. It is to be submitted to the Superintendent's Office at least two weeks prior to the desired date of use.

**I. TO BE COMPLETED BY THE APPLICANT**

A. Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel # \_\_\_\_\_

Date(s) of Use \_\_\_\_\_ Day(s) of Week \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_

B. Facility Desired

1. Building \_\_\_\_\_ Room#/Location \_\_\_\_\_
2. Equipment or furniture to be used \_\_\_\_\_
3. Attach special arrangements \_\_\_\_\_
4. Kitchen facilities: Yes \_\_\_ No \_\_\_
5. Will activity be open to the public: Yes \_\_\_ No \_\_\_
6. Number of children expected \_\_\_\_\_ Adults \_\_\_\_\_ Chaperones \_\_\_\_\_
7. Admission to be charged? Yes \_\_\_ No \_\_\_
8. What will proceeds be used for? \_\_\_\_\_

C. Insurance Information

Do you (the requesting organization) have an in-force liability policy? Yes \_\_\_ No \_\_\_  
If yes, what are the limits of liability?  
Bodily Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_

Please supply an insurance certificate naming Hastings Public Schools as an additional insured.

D. Person in Charge: Name \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

Signature \_\_\_\_\_

I have read and agree to abide by the Rules and Regulations for Community Use of School Buildings and to be responsible for the proper use and care of school property, and to guarantee payment of any charges made for the requested use.

**II. TO BE COMPLETED BY ADMINISTRATOR**

Date application received \_\_\_\_\_ Principal/Supervisor notified \_\_\_\_\_

Recommended: Yes \_\_\_ No \_\_\_

If no, give reason: \_\_\_\_\_

**III. ADDITIONAL CUSTODIAL SERVICES NEEDED:** Yes \_\_\_ No \_\_\_ To be charged \_\_\_\_\_

**IV. TO BE COMPLETED BY BUSINESS OFFICE**

Charges: Facility Rate \$ \_\_\_\_\_  
Custodial Services \_\_\_\_\_  
Pre-event set-up \_\_\_\_\_  
Post-event set-up \_\_\_\_\_

Total \_\_\_\_\_

Payment Received \_\_\_\_\_

Date \_\_\_\_\_

Approved for use by Director of Business Affairs \_\_\_\_\_

Distribution: Applicant \_\_\_\_\_

Business Office \_\_\_\_\_