

COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT

24 Sunset Boulevard
Coxsackie, NY 12051

Application for Use of School Facilities

Applications must be filed at least two (2) weeks prior to intended use. Approval is contingent upon receipt of Certificate of Insurance* and any advance charges due, three (3) days prior to date of use.

Organization _____

Facilities Requested: School _____ **Specific Room(s)/area/fields, etc** _____

Date(s) of Requested Use: Day of Week _____ **Date** _____

If recurrent or regularly scheduled activity/event, list all requested dates: _____

Time Requested: Arrival _____ **Departure** _____ **Total:** _____ **hours** _____ **minutes**

Special Equipment or Furniture Required _____

Special Arrangements: _____

Purpose of Meeting/Activity _____

Estimated Attendance:Adults _____ **Children/Students** _____

Admission Charge: Adults _____ **Children/Students** _____

For what purpose will proceeds be spent? _____

** Insurance requirements for use of School facilities – provide a certificate of insurance together with a copy of the endorsement naming Coxsackie-Athens Central School District as an additional insured for any liability arising out of the use of the property or facilities with a limit of not less than \$1,000,000 reflecting that said insurance coverage is primary and noncontributory from any insurance covering Coxsackie-Athens Central School District.*

Insurance Certificate: _____ **Included with this request** _____ **Previously submitted** _____ **N/A**
(attached) _____ **Confirmed by D.O.** _____ **(CACSD activities only)**

The undersigned is an officer or official of the organization requesting use of school facilities, guarantees observation of all regulations governing use as listed on the reverse of this form, payment of any charges incurred, and states that the organization assumes responsibility for any personal injury or property damage which may be caused by such use. It is further certified that proceeds, if any, shall be used for an education or charitable purpose as required by Education Law.

Name(Please print) _____ **Title** _____

Address _____

Signature _____ **Phone** _____

Email address: _____

