

# BLIND BROOK PUBLIC SCHOOLS

## BUILDING/FACILITIES USAGE APPLICATION

**DIRECTIONS: COMPLETE IN FULL AND SUBMIT TO THE BUSINESS OFFICE FOR APPROVAL**

School activities always take precedence over outside activities. The Board of Education reserves the right to cancel all permits.

1. Application on behalf of \_\_\_\_\_ for use of the \_\_\_\_\_  
*(Organization or individual)* *(designate rooms for facilities)*  
located in the \_\_\_\_\_ School.
2. Type of Activity \_\_\_\_\_  
*(please state fully)*
3. (A) For a single meeting on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_  
(B) For a series of meetings \_\_\_\_\_  
*(State day of week, if for a regular meeting)*  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
*(date/time of use)* *(date/time of use)*  
(C) Insurance Coverage \_\_\_\_\_
4. Chaperone or Chairperson of activity \_\_\_\_\_ Phone \_\_\_\_\_
5. Permission to bring into the building or ground \_\_\_\_\_  
*(type of equipment)*
6. Admission charge of \$ \_\_\_\_\_ for adults, \$ \_\_\_\_\_ for children.  
*(Please submit list of necessary equipment to be supplied by Blind Brook-Rye UFSD)*
7. Adequate custodial help will be assigned by the Superintendent and charged to your organization at 1½ times the hourly rate of the custodian assigned.
8. The consent of the Building Principal will be required for the removal of furniture or the setting up of chairs, apparatus, or the operation of equipment.
9. The undersigned, who is to be in charge of the function, is twenty-one years of age or over. They agree that he/she will be responsible to the Board of Education for any damage or misuse of the school property. He/she agrees that the character of the services/entertainment will conform with that stated in the application. **HE/SHE FURTHER AGREES TO NOTIFY ALL PERSONS IN ATTENDANCE OF THE PROPER EVACUATION PROCEDURES AND EMERGENCY EXITS IN CASE OF A FIRE EMERGENCY.**

SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

APPROVALS OBTAINED IN THE FOLLOWING SEQUENCE:

- a) Superintendent \_\_\_\_\_ Date \_\_\_\_\_
- b) Athletic Director \_\_\_\_\_ Date \_\_\_\_\_  
*(if applying for athletic facilities)*
- c) Building Principal \_\_\_\_\_ Date \_\_\_\_\_

COPIES TO: Applicant, Business Office, Athletic Director, Building Principal