## APPLICATION FOR USE OF SCHOOL FACILITIES

## Syracuse-Dunbar-Avoca Public Schools

Name of Organization Making Request:		Date:	
Facilities Requested. Build	ling:	Areas:	
		Dates & Times Requested:	
Dates (From – To	D) Time (From	- To) Repeating Yes No	# Wks. 
Describe the Type of Activit		e (Attach an additional explanation if	
No. of Anticipated Users and	d Spectators: Co	oncessions/Food Served: Yes No I	Describe:
Set Up or Tear Down Requir	red by District:		
Type of Cleaning Required l	Ouring and Afterwards:		
Special Equipment to be Use	ed (District & Organizat	tion):	
Fees (To Be Completed l			
<u>Type</u>	Amount	Applicant shall procure, at its own expense, a Comprehensive General Liability insurance policy naming the District as an	
Rental Custodial Kitchen Monitoring Security	additional insured. This policy shall be we minimum of \$1,000,000 Combined Single occurrence. A Certificate of Insurance evident must be submitted prior to the Applicant's use.  Insurance requirement waived: Yes No (for		ed. This policy shall be written with a \$1,000,000 Combined Single Limit per Certificate of Insurance evidencing coverage d prior to the Applicant's use.
Total		to complete)	ement waived. Tes 100 (101 school official
Total			
	Policy (	Compliance and Acceptance of Liabil	ity
		rd's "Community Use of School Facil reference. Applicant accepts all such te	ities" policy. The terms and conditions of that rms and conditions.
Policy. We understand that or guarantees relative to the take full responsibility for the which may occur while our	we are accepting the user condition. It shall be the facilities while they group is using the fac	se of the facility from the Syracuse-Du our responsibility to check the facility are being used by our group and will fility. We agree to indemnify and ho	ase of these facilities on this form and in Board anbar-Avoca Public Schools with no assurances to see that it is safe for our intended use. We make full restitution for any and all damages d the school district harmless for any and all event of the negligence of the school district or
Name, Position	·····	Signature	Date
○ Approve	ed		
<ul> <li>Denied</li> </ul>		Administrator Signature	Date
		Administrator Signature	Date