

Application for Use of School Facilities
LEVITTOWN UNION FREE SCHOOL DISTRICT – LEVITTOWN, N.Y.
“Success For Every Student”

Applicant please submit the following information (1 pink sheet) to:
Department Physical Education, Athletics Health & Health Services
Levittown Memorial Education Center
150 Abbey Lane
Levittown, NY 11756 Tel: 520-8300 x625

I, the undersigned, as authorized representative of _____
(Name of organization)

do hereby request the use of _____
(specify room or facility)

in _____ on _____
(Name of school) (Date(s) specifying day of the week)

From: Starting time _____ Starting Date _____

To: Ending time _____ Ending Date _____

The nature of this meeting is _____
(Describe)

Approximately _____ persons are expected to attend. Special facilities or arrangements requested include: _____

(Specify chair arrangements, tables, etc.)

INSURANCE REQUIREMENTS:

Note: All participants before using our fields and/or buildings must provide the District with a Certificate of Insurance. The policy must name the Levittown School District as additional insured with a combined single limit of, at least one million dollars (1,000,000.00) for bodily and property damage. **(ALL CERTIFICATES MUST BE SUBMITTED WITH THE ADDITIONAL INSURED ENDORSEMENT ISO CG 2026 OR EQUIVALENT).**

Applicant please do not write below this line

Principal's approval of room availability _____,
(Date) (Initials)

Date of Insurance Certificate _____ Expiration Date _____

Insurance Carrier _____ Amount of Coverage _____

N.Y. Schools Insurance Reciprocal approval date _____

FEEs CHARGED
Rm. _____
Cust. _____
Other _____
Total: _____

ANY GROUP USING OUR FACILITY FOR FUNDRAISING WILL NOT BE PERMITTED TO USE OUTSIDE VENDORS, (For Example: Tupperware, Pampered Chef, Mary Kay Cosmetics, Home Interiors, Mia Bella Candles, etc.)

Will there be an admission charge or donations solicited? YES ___ NO ___ If so, what individual admission fee will be charged? (\$ _____), and what is your advanced listing and estimate of total receipts and expenses?

Receipts: \$ _____ Expenses: \$ _____

For what purpose (please state specific beneficiary) will any receipts in excess of expenses be used?

Note: A detailed financial account will be required within 30 days after this event if an admission fee is charged. If receipts are donated to a charitable organization a receipt from such organization will be required.

Please check all blanks which refer to the use requested

Are you a fraternal, secret or exclusive society?	YES ___ NO ___
Will attendance be limited exclusively to the membership of any or fraternal, secret or exclusive society?	YES ___ NO ___
Are you a Veterans organization or an organization of Volunteer Firemen?	YES ___ NO ___
Will this activity be non-exclusive and open to the general public?	YES ___ NO ___
Will this activity be conducted for purely educational, entertainment, social, civic or recreational purposes, and NOT to further the tenets of a particular fraternal or secret society?	YES ___ NO ___
If admission is charged, shall any profit from this activity be expended for the benefit of a society, association or a fraternal, secret or exclusive society or organization (other than Veterans or Firemen)?	YES ___ NO ___
Shall all profit from this activity be expended for charitable and educational purposes?	YES ___ NO ___

DECLARATION:

I HAVE READ THE BOARD OF EDUCATIONS STATEMENT OF POLICIES, REGULATIONS AND PROCEDURES AND I BELIEVE THAT THIS REQUEST SATISFIES THE STATED CONDITIONS FOR BOARD APPROVAL OF BUILDING USE. _____ does hereby covenant and agree to defend, indemnify and hold harmless the Levittown School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law arising out of or in connection with the actual or proposed use of the Levittown School District's property, facilities and/or services by _____ and/or the activities, functions, events, affairs or proceeding of _____.

_____	_____
PRINT NAME CLEARLY	DATE
_____	_____
	SIGNATURE OF AUTHORIZED REPRESENTATIVE
_____	_____
	ADDRESS
_____	_____
	TOWN PHONE
PRESIDENT	_____
Or	
SECRETARY	_____
NAME	PHONE
_____	_____
	ADDRESS

*****PLEASE NOTE: ANY ORGANIZATION THAT HAS AN EVENT WHICH CAUSES ADDITIONAL CUSTODIAL OVERTIME WILL BE BILLED \$45 PER HOUR PER CUSTODIAN****