

Board Of Education
TULLY CENTRAL SCHOOL DISTRICT
P.O. Box 628, 20 State Street
Tully, NY 13159-0628
Telephone: (315) 696-6200 Fax: (315) 696-6251

Application Date: _____

APPLICATION FOR USE OF SCHOOL FACILITIES

APPLICATION FOR FACILITY USE MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO REQUEST DATE

Application is hereby made for use of:

Building: _____

Facility/Room: _____

Date(s): From: ____/____/____
Month Day Year

Beginning Time: ____ am or pm

Ending Time: ____ am or pm

To: ____/____/____
Month Day Year

Day(s) of the Week: _____

Purpose: _____

Sponsoring Organization: _____

Name: _____

Equipment Needed:

Title: _____

1) _____

Address: _____

2) _____

3) _____

Tel. No: () _____

4) _____

Please CHECK: **LIABILITY INSURANCE ON-FILE**

LIABILITY INSURANCE ATTACHED

This function (*WILL, WILL NOT*) be open to the public. There (*WILL, WILL NOT*) be an admission charge. Entire proceeds will be used for _____. It is agreed that we will adhere to rules and regulations for the use of school facilities and to education laws as presented on the reverse side of the last sheet. If any school equipment is to be used, it shall be listed above; we shall assume full responsibility in case of damage or loss. **If school facilities are to be used on holidays or outside of the hours the buildings are open, the organization will pay the custodial cost incurred.** All people using school facilities will observe the Board of Education policy that prohibits smoking.

Signed: _____

DISTRICT OFFICE USE ONLY: **Incurred Custodial Personnel Cost** **Incurred Cafeteria Personnel Cost**

Recommended **Not Recommended**

Building Principal Date

Recommended **Not Recommended**

Director of Athletics Date

Recommended **Not Recommended**

Superintendent of Buildings/Grounds Date

Recommended **Not Recommended**

Superintendent of Schools Date