



Royalton-Hartland Central School District
APPLICATION FOR USE OF SCHOOL FACILITIES

TO THE BOARD OF EDUCATION:

The undersigned requests approval of this application for use of school facilities within the district and submits the following correct information: **TWO WEEKS IN ADVANCE**

Name of Group/Organization:		Date of Application:
Name of Representative with Primary Responsibility:		
Address:		
Telephone No.:	Email:	
Date(s) to be reserved:	Hours to be reserved:	*(End time limited to 10 p.m. per BOE Policy)
Purpose (give specific purpose)		
Equipment Needs****		

Facility Requested:	High School	<input type="checkbox"/>	Middle School	<input type="checkbox"/>	Elementary School	<input type="checkbox"/>	Athletic Facilities	<input type="checkbox"/>
Area(s) Requested	Classroom	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Football Field HS	<input type="checkbox"/>
	Full Gym	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Concession Stand HS **	<input type="checkbox"/>
	Half Gym	<input type="checkbox"/>	Cafeteria area only: no use of stage	<input type="checkbox"/>	Auditorium	<input type="checkbox"/>	Soccer Field HS	<input type="checkbox"/>
	Auditorium	<input type="checkbox"/>	Other Specify:	<input type="checkbox"/>	Other Specify:	<input type="checkbox"/>	Baseball/Softball Field HS	<input type="checkbox"/>
	Cafeteria (outer space only: no use of kitchen)	<input type="checkbox"/>					Field Lights HS	<input type="checkbox"/>
	Media Center	<input type="checkbox"/>	Personnel Specify:	<input type="checkbox"/>	Personnel Specify:	<input type="checkbox"/>	Field Lights ES	<input type="checkbox"/>
	Other Specify:	<input type="checkbox"/>					Soccer Field ES	<input type="checkbox"/>
	Personnel Specify:	<input type="checkbox"/>					Baseball/Softball Field ES	<input type="checkbox"/>
						Pool HS***	<input type="checkbox"/>	
						Personnel Specify:	<input type="checkbox"/>	

as shown in sample, with endorsement

CERTIFICATE OF INSURANCE in the amount of \$1,000,000 naming District as additional insured must be attached to this application. No facility use will be permitted without this certificate.

HOLD HARMLESS AGREEMENT must be notarized, signed, and attached to this application. No facility use will be permitted without this agreement.

** Organizations other than school-sponsored extracurricular clubs and Section VI school sports teams must obtain a permit from the Niagara County Health Department in order to use the concession stand facilities. For more information, please contact the Health Department at (716)-439-7444.

*** Organizations requesting use of pool must provide their own licensed lifeguard(s). Please attach copy of lifesaving certificates for all lifeguards.

****Per Board Policy, school-owned equipment may be used by community members and/or District employees for school-related purposes only. Private and/or personal use of school-owned materials and equipment is strictly forbidden.

I certify that my group/organization will abide by all district policies and regulations pertaining to building use (3280, 3281, 3290, 3410, 3420, 5640, 7310, and 7320), as well as policies regarding non-discrimination and any applicable local, state, and federal laws. I understand that my group/organization will be required to make monetary restitution for any theft, vandalism or improper care of school property occurring as a result of our use of school facilities. My group/organization will bring a copy of this approved facilities use form to the school property and make it available for inspection upon request of school personnel.

Payment for the facilities requested is due at the time of application. Please make out a check or money order to Royalton-Hartland Central School District and attach it to this application (See attached facility fee schedule; call with questions).

Signature of Applicant: _____

OFFICE USE ONLY

Date _____ Business Office Signature _____
 Date _____ Facilities Office Signature _____
 Date _____ Building Principal Signature _____
 Date _____ Superintendent Signature _____

Facilities Fees Attached
 Facilities Fees \$ _____ Paid Check# _____ Date Paid _____
 Certificate of Insurance Attached
 Hold Harmless Agreement Attached
 Lifeguard Certification Attached (If requesting use of pool)
 Health Department Permit Attached (If requesting use of concession stand)