



Date Initially Received: \_\_\_\_\_

**Duanesburg Central School 133 School Drive, Delanson NY 12053**

**APPLICATION FOR USE OF SCHOOL FACILITIES - (BUILDINGS/ALL FIELDS)**

\* All requests must be approved by the building Principal/Administrative Staff Assigned, and requests for a specific building will be forwarded to that location for approval. Application and all insurance form requirements are required prior to approval.

As an Authorized Representative of my organization, I certify that I have read and reviewed the policy and regulations with all members of my organization and agree that our group will use the facilities in accordance with the policy and regulations. Authorized representative must be 21 or older. If any school equipment is to be used, it shall be listed below and the organization will assume full responsibility in case of damage or loss. The organization agrees to indemnify and hold harmless the school district and its agents and employees from all claims, suits or actions of any nature and description for or arising out of any injury, damage or liability to persons or property arising from the use of the school facilities. We understand that use of this building requires it to be left in good condition while abiding to the health and safety rules as established by Duanesburg Central School. DCS reserves the ability to cancel/reschedule events to accommodate district scheduled events. It is further understood that additional fees and billing may be incurred.

- Entrance Doors are not allowed to be propped open for any length of time.
- Utilize only areas specified and approved on this form.
- Students in the building after hours must be supervised by an adult designated on this form.
- All rules, including health and safety guidelines, including Tobacco and Smoke Free campus along with drugs/alcohol, weapons are prohibited on premises, and must be enforced during all events.
- If there is an emergency regarding the facility during your scheduled event and an employee cannot be located, contact 518-399-5110
- There is to be no use of fog machines or pyrotechnics on property. Helium balloon use must be cleared with building administration.

Date of Application: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Contact Person: (Print Name) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*A certificate of insurance/insurance rider is required for all organizations.

The minimum liability limit required is \$1,000,000 per occurrence.

\* Insurance Certificate:  ATTACHED  ON FILE  SUBMITTED SEPERATELY

\_\_\_\_\_

**DOS**

- Utilize only areas specified
- Supervise students after hours
- Clear helium balloon use with Facilities Director
- Follow ALL rules and guidelines regarding health & safety on campus

**DON'TS**

- Prop open entrance doors
- Use fog machines or pyrotechnics

**SCHOOL BUILDING REQUESTED:**

High School

Elementary

**FACILITY REQUESTED:**

Classroom

Gym

Cafeteria/Cafetorium

Auditorium

Other: \_\_\_\_\_

**Field Use - Specify** \_\_\_\_\_

**SPECIFY ACTIVITY:** \_\_\_\_\_

**SINGLE DATE REQUESTED:** Month \_\_\_\_\_ Day \_\_\_\_\_ Time- From: \_\_\_\_\_ To: \_\_\_\_\_

**REGULAR DATES FOR A PERIOD OF TIME:** Day of Month: \_\_\_\_\_

Months from: \_\_\_\_\_ To: \_\_\_\_\_ Time from: \_\_\_\_\_ To: \_\_\_\_\_

**Expected Attendance:** \_\_\_\_\_ **Is function open to the public?**  YES  NO **ADMISSION FEE:**  YES  NO

**Locker rooms needed:**  YES  NO **NUMBER NEEDED:** \_\_\_\_\_ **Restrooms needed:**  YES  NO

**Special Equipment needed:** \_\_\_\_\_

**Additional Services Requested (sound, chairs, tables, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT ALL BUILDING USE FORMS TO:**

Celeste Junge [cjunge@duanesburg.org](mailto:cjunge@duanesburg.org) AND Building Principal [jmarvin@duanesburg.org](mailto:jmarvin@duanesburg.org) (HS) or [aconover@duanesburg.org](mailto:aconover@duanesburg.org) (ES)

**SCHOOL USE ONLY**

**APPROVALS:**

**BUILDING PRINCIPAL APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ATHLETIC DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CERTIFICATE OF INSURANCE VERIFICATION:**

Insurance Certificate:  Received  N/A Explanation \_\_\_\_\_

\_\_\_\_\_

**ASST. SUPERINTENDENT OF MANAGEMENT SERVICES:** \_\_\_\_\_ **DATE:** \_\_\_\_\_