

**Request for Use of School Facilities**  
*(Please allow at least TEN (10) working days to process your request)*

**ELMIRA CITY SCHOOL DISTRICT, ELMIRA, NEW YORK**

**This is an application ONLY not valid as a permit until authorized and approved.**

**NO SMOKING IS PERMITTED ANYWHERE INSIDE OR OUTSIDE ON SCHOOL GROUNDS.  
 THIS INCLUDES LAVATORIES AND OUTSIDE THE BUILDING PROPER. THIS ALSO  
 INCLUDES ANY BREAKS OR ANY INTERMISSIONS. FAILURE TO OBEY WILL  
 JEOPARDIZE FUTURE FACILITY USE IN THE ELMIRA CITY SCHOOL DISTRICT.**

APPLICATION DATE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 CHECK ONE \_\_\_\_\_ Profit Making Organization \_\_\_\_\_ Non-Profit Organization

ADDRESS OF ORGANIZATION: \_\_\_\_\_

RESPONSIBLE PERSON: \_\_\_\_\_ DAYTIME TELEPHONE: \_\_\_\_\_

HOME ADDRESS OF RESPONSIBLE PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF SCHOOL REQUESTED: \_\_\_\_\_ ACTIVITY OR EVENT: \_\_\_\_\_

ROOM REQUESTED: \_\_\_\_\_ ALTERNATE CHOICE: \_\_\_\_\_  
*(i.e. classroom, gym, cafeteria, auditorium, kitchen, locker room, parking lot, track, tennis courts, field, etc.)*

**DAY OF WEEK:** \_\_\_\_\_ **HOURS REQUESTED (Set-up/Clean-up)** \_\_\_\_\_ **START TIME OF EVENT:** \_\_\_\_\_  
**DATES REQUESTED:** \_\_\_\_\_ **EST. ATTENDANCE:** \_\_\_\_\_  
 From: \_\_\_\_\_ From: \_\_\_\_\_ AM PM **PARTICIPANT AGE LEVEL:** \_\_\_\_\_  
 To: \_\_\_\_\_ To: \_\_\_\_\_ AM PM **NUMBER OF STAFF:** \_\_\_\_\_

**SCHOOL EQUIPMENT REQUESTED (Please check)**  
*(Note: Equipment needs will be met only if available)*

|                          |  |                          |                        |                          |                             |
|--------------------------|--|--------------------------|------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Stage Lighting   | <input type="checkbox"/> |                        | <input type="checkbox"/> | Public Address Sound System |
| <input type="checkbox"/> | VCR/ TV  | <input type="checkbox"/> | Overhead Projector     | <input type="checkbox"/> | Slide Projector             |
| <input type="checkbox"/> | Tables: How many _____   | <input type="checkbox"/> | Chairs: How many _____ | <input type="checkbox"/> | 16 mm Projector             |
| <input type="checkbox"/> | Athletic Equipment   | <input type="checkbox"/> | Screen                 | <input type="checkbox"/> | Risers                      |
| <input type="checkbox"/> | Other: (please specify) Tech Club Advisor will determine how many students are needed. |                          |                        |                          |                             |

- Admission Fees or Charges\*:** (Check all that apply; must have prior approval.)  
 \_\_\_\_\_ Admission Fees : Amount: \$ \_\_\_\_\_  
 \_\_\_\_\_ Charges : Amount: \$ \_\_\_\_\_  
 \_\_\_\_\_ Donations (please specify) \_\_\_\_\_
- Concession\*:** (Any sales/concessions must have prior approval.)  
 Type: \_\_\_\_\_

*\*State law requires proceeds be used only for educational or charitable purposes. Please see Utilization Policy Pamphlet.*

**3.EMPLOYMENT OF DISTRICT PERSONNEL:**

- \_\_\_\_\_ Custodian
- \_\_\_\_\_ Tech Club Personnel (Advisor will determine how many students will work, based on applicant's needs. Some groups will need to meet with the Advisor prior to their event.)
- \_\_\_\_\_ Cafeteria Personnel

**4.PLAN OF SUPERVISION** (Attach plan or describe below):

**5.CERTIFICATE OF INSURANCE:**

[Please read Utilization Policy Pamphlet]

\_\_\_\_\_ **Submitted with application**                      \_\_\_\_\_ **Will be sent under separate cover**

- \_\_\_\_\_ *It must cover your organization.*
- \_\_\_\_\_ *It must name the Elmira City School District, 951 Hoffman Street, as the certificate holder.*
- \_\_\_\_\_ *It must list the Elmira City School District as an Additional insured@.*
- \_\_\_\_\_ *Required liability limits: \$1,000,000 per occurrence/\$2,000,000 general aggregate.*

**6.FEES & CHARGES:**

- a. Charges for custodial staff services will be at the current custodial rate.
- b. Charges for use of ECSD facilities (classrooms, gyms, fields, library, auditorium, cafeteria, etc.) (see Facility Use Fee Form)
- c. The Tech Club Advisor will determine charges for tech club staff.
- d. Non-District related not-for-profit organizations charging an admission will be charged 10% of their net profit.
- e. Profit-making organizations will be charged 10% of the total revenue collected.
- f. All fees will be payable to the Elmira City School District within three (3) days of utilization.
- g. Appropriate accounting records, which validate the amount of fee, must be submitted at 733 Benjamin Street, with the fee that is due.

**APPLICANT'S SIGNATURE:**

I, the undersigned, have received, read and agree to abide by the rules and regulations set forth in the Elmira City School District Board of Education Policy for Public Use of School Facilities.

\_\_\_\_\_ agrees to defend, indemnify and hold harmless the Elmira City School District, its officers, (Organization/Individual) agents and employees from any and all claims, causes of action or liability whatsoever, including reasonable attorney fees, arising from the acts or omissions of the applicant, its agents or employees during its use of the District's premises, facilities or equipment as permitted under this agreement. The user agrees to indemnify the District for any applicable deductibles.

The lessee shall also maintain a comprehensive general liability policy of insurance covering the premises used and the organization \_\_\_\_\_ agrees to name the Elmira City School District as an additional insured. Said policy shall be primary to any other applicable insurance for the defense and indemnification of any claim arising against the lessor from the use of the lessor's premises, facilities or equipment pursuant to this agreement. Said liability insurance will comply with the requirements of the District's Utilization Policy.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature

**Please initial & date (as needed) in proper order**

- 1. **Custodian** \_\_\_\_\_ **DATE:** \_\_\_\_\_
- 2. **Auditorium** \_\_\_\_\_
- 3. **Gym/Field:** \_\_\_\_\_
- 4. **Cafeteria:** (when food requested) \_\_\_\_\_
- 5. **Fields:** \_\_\_\_\_
- 6. **Athletic Director:** \_\_\_\_\_
- 7. **Pool:** \_\_\_\_\_

Last approval is **Principal** \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Verification:** \_\_\_\_\_ Date: \_\_\_\_\_

**Custodial** Yes \_\_\_\_\_ No \_\_\_\_\_      **Tech Club Needed?** Yes \_\_\_\_\_ No \_\_\_\_\_      How many staff: \_\_\_\_\_  
 (Determined by Advisor)

**RETURN COMPLETED FORM TO: ELMIRA CITY SCHOOL DISTRICT**  
**414 Davis St.**  
**Elmira, NY 14901**  
**ATTENTION: Cheri Decker**

*If you have any questions you can contact Cheri at cdecker@elmiracityschools.com or 607-735-3557*