

APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY EXTERNAL USE FORM

PAYMENT AND PROOF OF INSURANCE ARE REQUIRED PRIOR TO APPROVAL OF USE OF FACILITIES.

Date Request Submitted: 4-9-18

The members of (specify group) CDP / IYB request the permission be granted for the use of (specify location) Activities Room in accordance with the rules and regulations of the Ithaca City School District for the purpose of CDP Family Dinner Slide Show

Contact Person: Linda Cinkasky Barr Phone Number: 273-8364 Email: LC Barr city of Ithaca.org

ALL BUILDINGS WILL BE LOCKED BEFORE AND AFTER THE REQUESTD START AND END TIMES. PLEASE ALLOW YOURSELF ENOUGH TIME TO SET-UP AND CLEAN UP THE SPACE REQUESTED.

Dates Requested: Th 5/24/18 (Must be 30 days prior to event) Estimated Number of Attendees: 50

Time Requested: Start: 5:00 End: 7:30

Time of Event: Start: 5:30 End: 7:00

Will you require custodial staff: ☐ Yes ☒ No

Please list any furniture you will need. Be specific and give diagrams for all set ups. 10 Tables & chairs Set up.

Will you require kitchen use? ☐ Yes ☒ No

Will you require additional personnel services? ☐ Yes ☒ No

If yes, please specify: _____

INSURANCE: PROPERTY AND LIABILITY INSURANCE WILL BE REQUIRED IN THE AMOUNT OF \$100,000 PROPERTY AND \$1,000,000 BODILY INJURY AND PERSONAL LIABILITY. Such coverage must be evidence by a CERTIFICATE OF INSURANCE to be presented with this application. The Ithaca City School District must be named as the Certificate Holder as well as an additional insured (under description of Operations). Use of school property by non-school groups for meetings and performances is limited by the laws of New York State and the regulations of the Ithaca City School District Board of Education of Ithaca, New York. (See Policy on reverse).

Signature of Applicant: [Signature]

Date: 4-9-18

Additional form required for the use of Kulp Auditorium and Joe Moresco Stadium and Bredbrenner Field.

Ins -> fans will be provided when space confirmed

Office Use Only

Received by: _____
Administrator: _____
Head Custodian: _____
Food Services Dir.: _____

Kitchen Fee:
Custodial Fee:
\$20/hour, M_F \$40/hour Sa-Su
50/hour plant shut down & holidays

TOTAL COST:
Payment Received Date:
Certificate of Insurance Received Date:

APR 10 2018