



# 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: 8/18/17

The members of (specify group) FINGER LAKES RUNNERS CLUB request the permission be granted for the use of (specify location) I H S CAFETERIA in accordance with the rules and regulations of the Ithaca City School District for the purpose of 45TH ANNUAL TURKEY TROT

Contact Person: BRUCE ROEBAL Phone Number: 607-319-1956 Email: BAR20 CORNELL.EDU

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: 11/23/17 (Must be 30 days prior to event) Estimated Number of Attendees: 500

Time Requested: Start: 7:00 End: 12:00

Time of Event: Start: 9:00 End: 11:00

Will you require custodial staff: ☒ Yes ☐ No

Please list any furniture you will need. Be specific and give diagrams for all set ups.

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 EVENT OF DAMAGE TO SCHOOL DISTRICT PROPERTY OR INJURY TO PERSONS. THE REQUESTOR SHALL BE RESPONSIBLE FOR OBTAINING AND PROVIDING PROOF OF INSURANCE TO THE SCHOOL DISTRICT. THE SCHOOL DISTRICT SHALL NOT BE RESPONSIBLE FOR DAMAGE TO OR LOSS OF PERSONAL PROPERTY OF THE REQUESTOR. THE REQUESTOR SHALL BE RESPONSIBLE FOR OBTAINING AND PROVIDING PROOF OF INSURANCE TO THE SCHOOL DISTRICT. THE SCHOOL DISTRICT SHALL NOT BE RESPONSIBLE FOR DAMAGE TO OR LOSS OF PERSONAL PROPERTY OF THE REQUESTOR.

Signature of Applicant: [Signature]

Date: 8/18/17

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

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:

RECEIVED  
AUG 30 2017  
BY: BLP