



APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY INTERNAL USE FORM



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

Date Request Submitted: 9/11/17

The members of (specify group) Medical request the permission be granted for the use of
(specify location) Activities in accordance with the rules and regulations of the
Ithaca City School District for the purpose of Flu Clinic

Contact Person: Kamela Willet Phone Number: 274-2172 Email: Kamela.Willet@icsd.ny.us

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

Dates Requested: 9/15 and 10/20 (Must be 30 days prior to event) Estimated Number of Attendees: All Staff

Time Requested: Start: 3:00 End: 5:30

Time of Event: Start: 3:30 End: 5:30

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: _____

Name of person who is certified in AED equipment and will be providing services on your event: _____

Signature of Applicant: Kamela Willet

Date: 9/11/17

Office Use Only

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

RECEIVED
SEP 11 2017
BY: BL



ENTERED
9/21/17