



APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY
EXTERNAL USE FORM



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

Date Request Submitted: 9/14/17

The members of (specify group) Undivided~ community support group (adults) request the permission be granted for the use of (specify location) York in accordance with the rules and regulations of the Ithaca City School District for the purpose of meeting

Contact Person: Shirley Kennedy Phone Number: 589-4140 Email: skennedy@icsd.k12.ny.us

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: ~~9/11/17~~ every Monday of school year when school is open (Must be 30 days prior to event) Estimated Number of Attendees: 5-10

Time Requested: Start: 8:00 End: 8:45

Time of Event: Start: _____ End: _____

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 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: Shirley Kennedy

Date: 9/14/17

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
SEP 14 2017

BY: Bel



ENTERED
9/14/17