ITHACA CITY SCHOOL DISTRICT
INTERNAL APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY

75/	1.7	
Date Request Submitted: 9/30		
Group/Name of Activity: PSA	HT	
Contact Person: Tokinma Kill	ins / Sharon Gublo	
Phone # 274-2257	Email: tokining k	cillins@icsd.kiz.ny.us
Building/Area Requested: York	Lecture Hall	squalo@icsa.kn
ALL BUILDINGS WILL BE LOCKED I END TIMES. PLEASE ALLOW YOURS SPACE AND REMOVE PERSONAL PR	BEFORE AND AFTER THE REC SELF ENOUGH TIME TO SET-U OPERTY.	QUESTED START AND
Date/s of Event: Oct. 14	and 15, 2014	
Time requested: Start _ 8:30am End	1: 4:00 pm	# 10
Time of event: Start: 8:30am End		
Special Requirements/Equipment If requesting Kulp you MUST fill out the to	echnical needs form before your re	quest will be processed
Name of person who is certified in A	ED Equipment and will be no	oviding services at
	IED Equipment and win be pr	Oviding Services at
your event 1/2.	b-	
THE TOTAL STATE OF THE PARTY OF		
Principal (PIC)	eds to Sign Fine Arts Cha	ir
/ 7	0	
Head Custodian	Athletic Direction	ctor
Activities Director	Library Chair	
Activities Different	Diorary Onan	
-		
Kulp Supervisor		

¹ New York State requires that during all activities when students are in attendance, there must be a person present who is currently certified to use an AED (automated external defibrillator). This person must be onsite for the duration of the event, including all set up and breakdown time. If the person listed above is not currently on the ICSD certified list, please attach to this form a copy of the front and back of their current certification.