REQUEST FOR USE OF SCHOOL FACILITIES

Lake Shore Central Schools
Angola, NY 14006
(716) 926-2200

APPLICATION: (To be submitted a minimum of two (2) weeks prior to requested date)

Organization:	Assigned Chaperones: 1. 2. 3.
Facility Requested:	Purpose of Activity:
Date(s): Time: (start) (end)	Will admission be charged? ❑ Yes ❑ No If yes, how will proceeds be used?
Areas/Rooms Requested:	
Equipment Requested (ex. Microphone, podium, tables, etc.) :	

AGREEMENT: It is mutually agreed that only the above facilities will be used at the times requested and admission fees, if charged, will be used as stated. The organization also agrees to abide by all policies regarding use of school facilities.

_____ _____
Signature of Organization Sponsor or Representative Date

_____ _____
Address City/State/Zip Telephone Number

APPROVAL/DENIAL: (To be completed by administrators as indicated)

_____ _____ District Approval Date _____ _____ Building Approval Date	❑ REQUEST APPROVED Date of Approval: _____ ❑ REQUEST DENIED Date of Denial: _____ Reason for Denial: _____ _____

OFFICE USE ONLY:

❑ Certificate of Insurance on file (attach) prior to use ❑ Facilities calendar (Building secretary to enter, check box) Entered: _____ ❑ Invoice information to Business Office ❑ Lifeguard certifications ❑ Pool Permit	**C:** Requestor ❑ Building Principal ❑ Other: ❑ _____

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