

EAST MORICHES UNION FREE SCHOOL DISTRICT

9 Adelaide Avenue

East Moriches, NY 11940

(631) 878-0162

APPLICATION FOR USE OF SCHOOL FACILITIES

Date: _____

The undersigned hereby requests approval for the use of the School District facilities as indicated below:

Name of Organization: _____

Type of Activity: _____

Designated Person to Supervise Activity: _____

Address and Phone No. _____

Facilities Requested: _____
(Room or Facility)

Purpose of the Meeting or Activity is: _____
(Description of Activity)

Day(s) of Week to be Used: _____

Hours of Use: From: _____ To: _____

Date(s): From: _____ To: _____

Number of Attendees: _____

Age Group: _____

Purpose (Give Specific Purpose) _____

Admission Fee (WILL) (WILL NOT) be charged. If admission fee is to be charged, state specifically what the proceeds are to be expended for: _____

Refreshments (WILL) (WILL NOT) be served. If so, give details: _____

Continue on Reverse Side >

Special facilities or arrangements requested include: _____

(specified chair arrangements, tables, etc).

I have carefully read the "Rules and Regulations" for community use of school facilities annexed hereto and agree to fully comply with them and to indemnify and hold harmless the East Moriches Union Free School District from any claims arising out of the use of its facilities for this activity.

Applicant

Address and Telephone Number:

FOR OFFICE USE ONLY

Date Received: _____

Date Approved: _____

Signature of Superintendent: _____

Applicant Notified: _____

The approval herein is conditional pending the possibility of a school function being scheduled which must take priority. Approval is subject to the following conditions: