

WAYNE CENTRAL SCHOOL DISTRICT, ONTARIO CENTER, NY 14520 315/524-2811

REQUEST FOR USE OF SCHOOL FACILITIES

BUILDING REQUESTED: _____

Gymnasium _____ Cafeteria _____ Classroom _____ Kitchen _____

Grounds/Field Use (specify area requested) _____

Custodial hourly rate per person: \$18.00

Snow Removal hourly rate per person: \$18.00

Kitchen coverage hourly rate per person: \$16.95

Estimated Number of Participants: _____

Name/phone # of responsible adult who will be present at all times: _____

Equipment Requested (if any) _____

NAME OF ORGANIZATION _____

ADDRESS _____

PURPOSE _____

Is an admission fee charged? Yes ___ No ___ (If yes, specify the educational, civic or charitable function it will support) _____

I, the undersigned, as the authorized representative of the organization making this request understand all of the District's policies and regulations governing Public Use of School Facilities and agree that we will abide by them (see attached). This organization agrees to hold harmless the Wayne Central School District against any claims for both property damage and bodily injury arising from this event.

Person in Charge _____ Signature _____

Address _____ Phone (h) _____ (w) _____

_____ Date Form Submitted _____

? School activities shall take precedence over all other uses.?

FOR SCHOOL USE ONLY

Has the Certificate of Insurance naming WCSD as an additional insured been received and approved? YES ___ NO ___

I recommend approval: Athletic Director _____ Director of Facilities _____ Food Service Supervisor _____

APPROVED: _____, Building Principal DATE: _____

Distribution: Applicant _____ Building Custodian _____ Director of Facilities _____ Building Cafeteria _____
 Athletic Director _____ Building Principal _____ Other _____

DAY OF THE WEEK						
M	T	W	Th	F	S	S
Please circle day(s)						
DATES REQUESTED:						
From	___	/	___	/	___	
TO	___	/	___	/	___	
HOURS OF USE:						
From	_____	a.m./p.m.				
TO	_____	a.m./p.m.				