

**DUNDEE CENTRAL SCHOOL
55 WATER STREET
DUNDEE, NY 14837-1099**

**APPLICATION FOR APPROVAL OF SCHOOL BUILDING USE
TEN (10) DAYS NOTICE IS NECESSARY.**

The Dundee Central School District Board of Education is glad to make available, within limits of the Education Law, the buildings and grounds in its custody. It is expected that the property placed at the disposal of any organization will be: (1) inspected prior to the time of use; (2) reported to the custodian in charge if broken, defective or disorderly; (3) returned to the order in which it is found, unless other arrangements are in agreement with the school administration. **THE SCHOOL REQUESTS THAT THE ACTIVITY CONCLUDE ON OR BEFORE 10:00pm on weeknights or 3:30pm on weekends.**

ORGANIZATION _____

AREA(S) OR TYPE OF AREA(S) DESIRED (PLEASE CHECK):

- | | | |
|-------------------------------------------------------------------|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Concession Room | <input type="checkbox"/> Library |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> Public Meeting Room |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> High School Gym | <input type="checkbox"/> Wellness Center |
| <input type="checkbox"/> Athletic Fields (Please identify): _____ | | |

SET-UP NEEDED (If set up/break down of facilities requires 15 minutes or more, a charge for custodial time may be assessed.): _____

DATE(S) OF USE: _____

TIME OF USE FROM _____ AM/PM UNTIL _____ AM/PM
(Not to exceed 10:00 p.m.) (Circle one) (Circle one)

PERSON IN CHARGE: _____ PHONE: _____

ADDRESS OF PERSON IN CHARGE: _____

Any change in the location, hour or nature of the above meeting must be approved by the Superintendent.

HOLD HARMLESS AGREEMENT (Outside Organizations Only)

The undersigned agrees that he/she will indemnify and hold free and harmless the Dundee Central School District and the Board of Education from any and all claims or actions for damages or loss to property, including the loss or use thereof, and from any and all claims or actions for personal injury, sickness or disease, including personal injury, if caused by the undersigned's acts or omissions, and the undersigned will pay any and all judgment decrees, costs, including attorneys' fees which may be rendered against the Dundee Central School District or the Board of Education, its directors, officers, agents and employees, in any and all such actions or proceedings.

Date

Signature

Make sure that you have read **Board Policy 3280 (Community Use of Buildings and Grounds)** which is available in the Superintendent's Office.

TO HELP US AVOID CONFLICTS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is the nature of your activity (i.e. meeting, game, dance)? _____
2. Will admission be free? _____
3. What age group will take part in this activity (i.e. grades 4-6, grades 7-12, adults?) _____
4. If this activity is open to students, **WHO WILL CHAPERONE IT?**
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____ (Alternate)

Received in District Office on _____ (date) by _____
Please initial your approval:

Jennifer Hutches _____ Date: _____
Activities Director

Sheldon Gibson _____ (Gymnasiums & Fields) Date: _____
Athletic Director

OR

Patrick Dunham _____ (Auditorium) Date: _____

OR

Rhonda Litchfield _____ (Cafeteria) Date: _____

_____ 1. Cost of cafeteria assistance will be billed to your organization. (**copy Business Office**)

_____ 2. There will be no charge to your organization for the use of the cafeteria facilities.

Andrew Schuck _____ Date: _____

_____ 1. The custodian will be on regular duty and he/she will not be available to assist your group.

_____ 2. The cost of a custodian's or cafeteria worker's time, established by Board of Education, will be billed to your organization. (**Copy: Business Office**)

_____ 3. A custodian, on regular duty, will be available to assist your group and no time will be charged.

_____ 4. Not applicable.

Melissa Lawson _____ Date: _____

APPROVAL: _____ GRANTED _____ DENIED:

Superintendent _____ Date: _____

***In the event of school cancellation, vacation, and/or after school activities being cancelled you will not be allowed to have your activity.**