APPLICATION FOR USE OF BUILDING/GROUNDS

INSTRUCTIONS: PLEASE FILE THIS REQUEST WITH THE PRINCIPAL OF THE BUILDING YOU PLAN TO USE AT LEAST <u>THREE</u> WEEKS PRIOR TO DATE OF USE.

DATE SUBMITTED_____DATE OF USE_____BUILDING REQUIRED_____

NAME OF ORGANIZATION MAKING REQUEST_____

NAME OF PERSON IN CHARGE OF EVENT_____

IS CERTIFICATE OF INSURANCE LISTING THE SCHOOL DISTRICT AS AN ADDITIONAL INSURED ON FILE IN THE BUSINESS OFFICE?_____YES_____NO (IF NO, PLEASE ATTACH A COPY)

IF CHARGE FOR USER GROUP, BILL TO BE SENT TO_____

_____

SPECIFIC PURPOSE FOR WHICH USE OF BUILDING/GROUNDS IS DESIRED_____

_____

_____

ACTUAL TIME ACTIVITY BEGINS_____HOURS OF ACTIVITY – FROM_____TO_____

WILL ADMISSION BE CHARGED_____YES_____NO ROOMS NEEDED_____

NUMBER OF PERSONS ANTICIPATED_____AGE GROUP OF USERS_____

IS KITCHEN DESIRED_____YES_____NO **(IF YES, SUPPLIES MUST BE FURNISHED BY GROUP)**

IS FURNITURE OR EQUIPMENT SET UP NEEDED_____YES_____NO
(IF YES, PLEASE DESCRIBE SETUP ON BACK OF FORM)

NAMES OF INDIVIDUAL(S) PROVIDING DIRECT ON-SITE SUPERVISION AT EVENT

_____ _____

The Berlin Central School District has designated its facilities as Public Access Defibrillator Sites (PADS), with Automated External Defibrillators (AED's) available in each school building for use by trained school district staff during **school-sponsored curricular or extracurricular events/activities**. However, the Berlin Central School District is NOT responsible for providing AED response to outside user groups of district facilities. Your signature below confirms your understanding of this limitation and releases the school district of any liability in this regard. Should you wish information on AED training for your group's supervisor(s) and a copy of the district's AED policy, please check below.

_____Yes, please send me further information regarding AED training and the school district's AED policy.

THE UNDERSIGNED WILL BE RESPONSIBLE FOR ANY DAMAGE TO SCHOOL PROPERTY.

SIGNED_____TITLE_____

DAYTIME TELEPHONE #_____EVENING TELEPHONE #_____

TO BE COMPLETED BY APPLICANT:

ROOM SETUP (IF NEEDED)

ROOM_____

DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

APPROVED BY BUILDING PRINCIPAL_____YES_____NO_____INITIALS_____DATE

APPROVED BY BLDG/GRDS SUPERVISOR_____YES_____NO_____INITIALS_____DATE

CUSTODIAN(S) ASSIGNED_____

APPROVED COPIES SENT TO:

_____BUILDING PRINCIPAL

_____SUPERINTENDENT'S OFFICE

TO BE COMPLETED BY BUILDING & GROUNDS SUPERVISIOR

IS GROUP TO BE BILLED FOR USE OF BUILDING/GROUNDS_____YES_____NO

IF YES, PLEASE COMPLETE ACCOUNTS RECEIVABLE FORM AND SEND TO THE BUSINESS OFFICE.