

## DISTRICT SPONSORED EVENT- FACILITIES USAGE APPLICATION

Instructions: Please complete and submit to the appropriate Principal/Director for approval.  
**Applications must be submitted 30 days in advance.**  
 Forward signed original form to the Buildings and Grounds office.

Application Date	
Applicant/Group Name	
Contact Name:	Contact Number:
AED Certified Staff Name:	
<i>NOTE: In accordance with NYS Education Law §917, "On-Site Cardiac Automated External Defibrillators," school sponsored activities, or school approved curricular or extracurricular activities must ensure the presence of a staff person who is trained in the operation and use of AED equipment.</i>	
Description of Activity: (Include number of people in attendance and parking needs)	
Building/School Requested:	
Room(s) Requested:	
Date(s) Requested:	
Day(s) of Week Requested:	
Equipment Requested:	
Hours Requested:(include set up and clean up time)	From:_____ To: _____
Actual time of event:	From:_____ To: _____
Principal/Director Signature	_____

DISTRIBUTION					
<input type="checkbox"/> Applicant	<input type="checkbox"/> Building	<input type="checkbox"/> Food Service	<input type="checkbox"/> Grounds	<input type="checkbox"/> Athletics	
<input type="checkbox"/> CEPACS	<input type="checkbox"/> Custodian	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Business Office	<input type="checkbox"/> Security	

## **DISTRICT SPONSORED EVENT- FACILITIES USAGE APPLICATION**

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\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Athletics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Buildings and Grounds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Food Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Security

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grounds Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent for Business

\_\_\_\_\_  
Date

### **COMMENTS:**

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