

CITY SCHOOL DISTRICT OF NEW ROCHELLE
FACILITIES DEPARTMENT
515 North Avenue, New Rochelle, NY 10801
USE OF FACILITIES APPLICATION

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Name of Organization: _____ Telephone #: _____

Is this a profit making organization (Please circle one) Y / N

Address: _____ City: _____ State: _____ Zip _____

Name of Applicant: _____ Telephone # _____
(Please Print)

Address: _____ City: _____ State: _____ Zip _____

School Requested: _____ Area/Room(s): Requested _____

Type of Event: _____

Date(s) of Event: SUN. MON. TUE. WED. THURS. FRI. SAT. / _____
Please circle day/s of the week Month/Day/Year or (Date Range)

Time Event Begins: _____ Time Event Ends: _____

Rehearsal or Set up Date/Time: _____

Anticipated Attendance: Adults: _____ *Children: _____

*ADULT SUPERVISION IS REQUIRED FOR CHILDREN IN ATTENDANCE

Will there be an admission charge? (Please circle one) Y / N If yes, how much: \$ _____

PLEASE PROVIDE ON A SEPARATE SHEET A STATEMENT OF EVENT RECEIPTS, EXPENSES, PROFITS IF ANY, AND HOW THEY WILL BE UTILIZED.

Name of organization profits will be donated to: _____

List below all custodial services required for the event: (i.e., table set up, bleachers, cleanup, lights, etc.)

Date of Application: _____ Signature of Applicant: _____

CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY SCHOOL DISTRICT OF NEW ROCHELLE AS ADDITIONALLY INSURED IS REQUIRED BEFORE EVENT DATE

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Number of Custodian(s): _____ Time Custodian(s) Report to Duty: Start _____ End _____

Number of Security _____ Time Security Report to Duty: Start _____ End _____

Comments: _____

Principal's Signature Date: _____ Carl Thurnau, Dir. of Facilities Date: _____

Bruce Daniele, Dir. of Security Date: _____ Custodian's Signature Date: _____

Date: _____ * Stephen B. Young, Dir. of Athletics Date: _____

*FOR ALL FIELD AND GYM USE, MR. YOUNG'S SIGNATURE IS REQUIRED. PERMITS NOT VALID WITHOUT THE SCHOOL DISTRICT'S APPROVAL. SIGNATURES AND CERTIFICATE OF LIABILITY INSURANCE