Katonah-Lewisboro Union Free School District

APPLICATION FOR USE OF SCHOOL BUILDINGS AND/OR GROUNDS

Exhibit 1500-E.1

1. Application Date _____ **Title of Event** _____ **Date of Event** _____

2. Organization Requesting Use: _____

3. Type of Organization: _____

(All Not for Profit organizations must provide a copy of **IRS 501C (3)** documentation)

4. Person in Attendance and Responsible for Supervision of Event: _____

Title: _____ Phone _____ E-Mail: _____

5. Organization's Key Contact: Name, Title, Phone, E-Mail and Address of Authorized Agent

Name: _____ Title: _____ Phone _____

Address: _____ E-Mail _____

6. Event Building Location: (Choose one) Select One

7. Event Location(s): (Please indicate room or field by name)**:** _____

_____ # Parking Spaces Required: _____

8. Event Type: _____ **# of Attendees:** ____ Will event be open to public? Select One

9. Event Start Time: _____ am **Event End Time:** _____ am

Note: Events must end and building users must vacate the building at least 30 minutes prior to close of building operations.

10. Event Date(s): List all dates separately; attach additional sheet(s) if necessary _____

EVENT DETAILS: _____

11. Will food or beverages be served? Yes If so, what? _____

12. Number of people to be served? _____ Charging for food/beverages? Yes If so, how much? _____

13. List kitchen facilities and/or equipment requested: _____

_____

14. Equipment requested of School District: _____

15. Equipment facility user requests to bring to the Event _____

16. Will restrooms be requested? Yes Will locker rooms be requested Yes

17. Will there be a charge for admission or a donation / contribution solicited? Yes Amount? _____

For what anticipated purpose will the proceeds be used? _____

18. Will a fundraiser take place? Yes If so, please describe fundraiser: _____

19. **CERTIFICATE OF INSURANCE (All items must be received for Application to be Approved)**

- ___ District to be listed as additional insured (CG2026 Endorsement) or other endorsement attached
- ___ The Owner of the Insurance Policy and the Organization requesting use must be identical
- ___ Minimum $1,000,000 per Occurrence; $2,000,000 Aggregate
- ___ Rated "secured" by AM Best
- ___ NY State Admitted
- ___ 30-day Cancellation
- ___ Primary Coverage for the District, the Board of Education, District Employees and Volunteers
- ___ District indemnified for deductibles

FEES MAY APPLY AND SUBMISSION OF APPLICATION DOES NOT IMPLY APPROVAL UNTIL SUCH FORMAL APPROVAL IS GRANTED. This permit is subject to cancellation in the event of conflict with school activities or for any other reason deemed necessary by the Board of Education and/or Superintendent of Schools.

I hereby certify that the information provided herein is correct and that I have read and agree to abide by the KLSD Code of Conduct and all Board policies and applicable laws.

Signature of Authorized Agent of Organization:

Phone: _____ **Email:** _____