

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: _____
5. Organizations Key Contact: (Please print clearly) Name, Title, Phone, E-Mail and Address of Authorized Agent
Name: _____ Title: _____ Phone: _____
6. Event Building Location: (Circle one) JJHS JJMS KES LES IMES MPES
7. Event Location(s): (Please indicate room or field by name): _____
_____ # of Parking Spaces Required: _____
8. Event Type: _____ # of Attendees: _____ Will event be open to public? _____
9. Event Start Time: _____ a.m. p.m. Event End Time: _____ a.m. p.m.
10. Event Date(s): List all dates separately; attach additional sheet(s) if necessary _____, _____,
_____, _____, _____, _____, _____.

EVENT DETAILS:

11. Will food or beverages be served? _____ If so, what? _____
12. Number of people to be served? _____ Charging for food/beverages? _____ 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? _____ Will locker rooms be requested? _____
17. Will there be a charge for admission or a donation/contribution solicited? _____ Amount? _____
18. Will a fundraiser take place? _____ 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 Number: _____