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: ___________________________________________________


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: ________________