

For Office Use Only:
Application # _____

Hyde Park Central Schools
PO Box 2033, Hyde Park, NY 12538
Application For Building Use – Facilities Use Permit

Name of Organization _____ Date of application _____
Non profit please provide ID # _____

Date(s) Requested	Time Needed (7:00 am-10pm)	Date(s) Requested	Time Needed (7:00 am-10pm)

Purpose of Use: _____

Adult in Charge at Event _____ (must be present for entire event)

Building/Grounds Requested _____ Room(s) _____

At: HPE NES NPE RRS VAS HMS FDR ADMIN

Make a complete list of areas to be used. Property not specified on this application shall NOT be used – attach list if necessary.

Number of Attendees: Adults: _____ Students: _____

Equipment or Special Needs: _____

Number of Persons Expected: _____

Will a fee be charged (admission, registration, tuition, etc.) for this activity? **Y N**

Is this activity for profit? **Y N** if yes, please explain: _____ (please attach)

Is this event exclusive to members of the organization? **Y N** or open to the public? **Y N**

FEES: Organization requesting building use will be responsible for appropriate rental fees in addition to all staff costs for any event which requires custodial, food service, or any other school district staff to be present. Fees will be based on facility requested, published rate schedule and time of use as defined herein. All initial fees must be paid 10 days in advance of the event. **Additional fees** will apply if additional time/ services are used and/or to cover damages (if incurred) and will be paid within 10 days of receipt of invoice. A non-refundable administration fee of \$25.00 is due with this application.

INSURANCE: All groups using school facilities are required to present evidence of liability insurance, with the district named as an additional insured, with a minimum of \$1,000,000 coverage. Certificate of insurance must accompany this application.

Rental Fees (see fee schedule):

Auditorium	\$ _____	Cafeteria	\$ _____
Gymnasium	\$ _____	Athletic Field	\$ _____
Classroom	\$ _____	specify field: _____	

Staff Fees:

Custodial Fees	\$ _____	Auditorium Light Operator	\$ _____
Cafeteria Staff	\$ _____	Scoreboard Operator	\$ _____
Security	\$ _____	Other	\$ _____

Total Fees: \$ _____ or No Charge reason _____

NOTE: THE ORGANIZATION IS RESPONSIBLE FOR STRICT ENFORCEMENT OF A NO-SMOKING POLICY IN ALL DISTRICT BUILDINGS AND ON DISTRICT GROUNDS. IT IS THE LAW.

In signing this agreement, the applicant organization also agrees to the rules and regulations listed in this package. Please note that when school is not in session, due to vacation, school closings, etc., the buildings are closed in the evening hours. ****Also NOTE: The school district reserves the right to override an approved building use permit for a school district function.**

Signature Organization Representative: _____
Printed Name: _____

Mailing Address _____ Phone# _____

City _____ State _____ ZIP _____ e-mail _____

APPROVAL REQUIRED