

GREATER JOHNSTOWN SCHOOL DISTRICT

Administration Office

1 Sir Bills Circle, Suite 101 ~ Johnstown, NY 12095

Phone 518/762-4611 ~ Fax 762-3127 or 762-6379

Application and Agreement for Use of Facilities

FORM MUST BE SUBMITTED TO PRINCIPAL OF BUILDING REQUESTED

2 WEEKS PRIOR TO EVENT

Permission is requested to use the following:

Facility/Building: _____ Room(s): _____

Please circle one: Co-Curricular, Athletics, Recreation, Music, Outside Organization

Other ~~ be specific: _____

If you are not affiliated with the Greater Johnstown School District, please attach a "Certificate of Insurance Form", which is required before approval will be granted.

Applicant: (official name and address of organization requesting use) _____

If applicable, send bill to: (if different from applicant) _____

Representatives Name _____ Phone Number _____

Specific Date(s) for use _____ Time(s): _____

Purpose for which the facility will be used _____

Please specify any school equipment and facilities (ex. Bathroom, classroom, cafeteria, gym, kitchen)

PLEASE ATTACH A COPY OF ANY FLYERS, POSTINGS, ADVERTISEMENTS, ETC.

Number of people/participants expected to be in attendance _____

Please circle yes or no to the following. If yes, please fill in amounts.

Admission charge Y ~ N Amount _____ Participant charge Y ~ N Amount _____

How will any excess of revenues over expenses be used _____

Signature of person filling out this application

Date

FORM MUST BE SUBMITTED TO PRINCIPAL OF BUILDING REQUESTED

Building Principal

Date

Director of Athletics, Physical Education, Health &
Recreation - James J. Robare

Date

Director of School Facilities & Operations - Ernest J. Maye

Date

OUTSIDE COMMUNITY BASED ORGANIZATIONS - Signature required by Superintendent prior to event. Exceptions being JTA, PTA, CSEA - Johnstown unit.

Superintendent of Schools - Katherine A. Sullivan

Date

Any questions or complaints concerning the use of facilities should be communicated in writing to the Superintendent of Schools at the above address and phone number.

Additional overtime required for this event: Yes _____ No _____

Need insurance certificate: Yes _____ No _____

Responsible for set up, clean up, and building security: _____

I understand that if any areas are left incomplete or unanswered, this application will be returned to me. I also understand that any charges will be paid before this event.

FACILITY Custodial _____ hours @ \$ _____ per hour - Total \$ _____

USE

COST Room Rent _____ hours @ \$ _____ per hour - Total \$ _____

Misc. Charges _____

NOTES _____