

APPLICATION FOR USE OF SCHOOL BUILDING

A minimum of 20 days notice is necessary to schedule building use.

FAX requests cannot be honored.

Reverse side of form must be returned after event.

Return to:
Michael Hahn
Jericho UFSD
99 Cedar Swamp Rd.
Jericho, NY 11753-1202

Date of Application _____
Application is to be made on behalf of _____

(NAME OF ORGANIZATION)

Check one:

- _____ Jericho Middle/High School
- _____ Cantiague Elementary School
- _____ George Jackson Elementary School
- _____ Robert Seaman Elementary School
- _____ Robert Williams School

For use of the _____ at _____
between _____ am/pm and _____ am/pm
on day(s) _____ on the date(s) _____.
We expect _____ adults and _____ children.

1. Purpose of use _____
2. Are special arrangements request of the school? _____
Do you intend to make use of decorations, scenery, blackboards, pianos, screens and the like?
State details _____
3. What special arrangements have been made by your group for proper supervision and control?
(parking, building, audience supervision, etc.) _____
4. Is use non-exclusive and will meeting, entertainment or occasion be open to the public? _____
What specific publicity will insure full public knowledge of the event? _____
5. Is an admission fee to be charged? _____ State amount _____
Are proceeds to be expended for education or charitable purposes? _____
If yes, give details _____
6. Is occasion to be under the exclusive control of the organization for which application is made? _____
7. Is organization a society, organization or association of a religious denomination or sect? _____
8. Is it a fraternal, secret or other exclusive society or organization? _____
9. It is understood that the above organization will accept responsibility for school property and liability for any damage and will notify Michael Hahn, Director of Facilities, 516.203.3600x3233, if activity is cancelled.

WE HAVE READ AND AGREE TO ABIDE BY ALL CONDITIONS HEREIN STATED

Name _____ Name _____
PRINT (HEAD OF GROUP) PRINT (LEADER OF GROUP)

SIGNATURE

SIGNATURE

Title _____ Title _____

Address _____ Address _____

Email _____

Telephone No. _____ Telephone No. _____
(BUSINESS & HOME) (BUSINESS & HOME)

NOTE: THIS FORM MUST BE SIGNED BY BOTH HEAD OF GROUP AND LEADER OF EVENT

_____ APPROVED – subject to regulations
and Board policy

CHARGES for use of facilities shall be made as follows:
_____ Exempt Rate _____

_____ DISAPPROVED – for following reasons:

Principal's Approval
_____ Yes _____ No

Insurance Required
_____ Yes _____ No

Michael Hahn, Director of Facilities

Please complete SCHOOL FACILITIES USAGE REPORT on reverse side of this application and forward to Michael Hahn, Jericho UFSD, within 10 days following the date of usage. Failure to comply with the above procedure may result in future ineligibility.

SCHOOL FACILITIES USAGE REPORT

All groups privileged to use school facilities are required to complete this part of the application and return it to Michael Hahn, Jericho UFSD, 99 Cedar Swamp Road, Jericho, NY 11753, within ten (10) days following the date of usage. Failure to submit this report as indicated may result in future denial of the privileges of using school facilities.

PART I (to be completed by all groups)

1. How many people attended the function? _____ Was this more than expected? _____
To what is the difference attributed? _____
2. Time Report – the event started at _____, ended at _____. The premises were vacated at _____.
3. If the facilities were not adequate and/or the equipment unsatisfactory, explain below.

4. How was the event advertised? _____
5. If there were any unusual occurrences, please describe. _____
6. If damage occurred, state nature and extent. _____

7. Do you have any suggestions which might improve this community service or wish to make any comments? _____

PART II (to be completed by any group which collects an admission or other fee)

<u>RECEIPTS</u> (itemize)	<u>EXPENDITURES</u> (itemize)
Admission _____	Salaries _____
Sales _____	Contract Services _____
Contributions _____	Supplies/Equipment _____
Donations _____	School Fees _____
Transfers from other funds _____	Transfers to other funds _____
Taxes (if collected separately) _____	Taxes _____
TOTAL RECEIPTS _____	TOTAL EXPENDITURES _____
	BALANCE _____

1. What admission fee was charged? Adults _____ Children _____ Others _____
2. Salaries – specify names, title and amount for each salary. _____

3. Contracted services – specify agency function and amount for each contract. _____

4. Specify name, purpose, amount for each charitable expenditure. _____

We hereby certify to best of our knowledge and belief that this financial report reflects the true condition of these funds.

(Head of Organization)
(Leader in charge of event)

STATE OF NEW YORK
COUNTY OF _____

On this _____ day of _____, 20 __, appeared before me described in and who executed the foregoing instrument, and ___he duly acknowledged to me that ___he executed the same.

Subscribed and sworn to before me
This _____ day of _____, 20 __.

Notary Public