

NEWFANE CENTRAL SCHOOL DISTRICT
Building Use Request Form
(Must be submitted two weeks prior to event)

Completion and submission of this form is the first step to receive approval to hold a special event. This is only an application. This does NOT become a permit until it has received approval.

- ☐ Request for facilities by outside organization
- ☐ Request for facilities by school group
- ☐ NECC
- ☐ Newfane Elementary
- ☐ Intermediate School
- ☐ Middle School
- ☐ High School
- ☐ District Facility

The _____ has been given a copy of the regulations pertaining to the use of the Newfane Central School District facilities and has read and understood them. The requesting organization agrees to accept responsibility for their full and complete enforcement, upon approval.

Specific facilities requested (Example: Room 119, cafeteria, gymnasium, etc.): _____

Specific equipment or room requirements (Example: Overhead, screen, table with 4 chairs in from of room, food service, etc.): _____

FOR DISTRICT AUDITORIUM USE THERE MUST BE A "STAGE HAND" OR MEDIA ASSOCIATE PRESENT

Dates	-	-	-	-	-	-
	From	To	From	To	From	To
Hours						

Outside Facilities Required:

- Admission charged? ☐ Yes ☐ No ☐ Baseball Field (Indicate Field #): _____
- Non-Profit Certificate? ☐ Yes ☐ No ☐ Softball Field (Indicate Field #): _____
- Fundraising Project? ☐ Yes ☐ No ☐ Football Field _____
- ☐ District Auditorium _____
- ☐ District Pool _____
- If answer to any question is YES, how will proceeds be used? _____

Will chaperone be provided? ☐ Yes ☐ No If yes, who? _____

Who is in charge or who is the contact person at the time of the event? _____

Will you have other security available? ☐ Yes ☐ No If yes, who? _____

Will bathroom facilities be required? ☐ Yes ☐ No _____

Will custodial services be required? ☐ Yes ☐ No If yes, to what extent? _____

Please be specific about all needs _____

Sponsoring Group: _____ President: _____

Briefly describe event: _____

CONTACT PERSON / ORGANIZATION / GROUP

Name: _____ Address: _____

Title: _____ Phone: _____

Signature: _____

CERTIFICATE OF INSURANCE (ON FILE): Yes No

APPROVED

Building Principal _____ Date: _____

Director of Athletics _____ Date: _____

Director of Community Education _____ Date: _____

Director of Facilities _____ Date: _____

After approval, a copy will be returned to the organization / group.