

BUILDING USE REQUEST

Washington-Saratoga-Warren-Hamilton-Essex BOCES

Please review Administrative Regulation #2050 on reverse side prior to submitting request.

Type or use ballpoint pen. Return all copies to the Center Director at least three weeks in advance of activity.

School Building	
Area(s) and / or rooms requested	

Dates & Times	Mo / Day / Yr.	Activity Time	Preparation Time
Attach 4 copies of dates requested or schedule if space provided is inadequate	_____ _____	From _____ to _____ From _____ to _____	From _____ to _____ From _____ to _____

1. Name of Organization or Club _____
2. Complete Address _____
3. Name and Address of Treasurer _____
4. Name of Advisor (*School Groups Only*) _____
5. Names of Chaperones (*if applicable*) _____
6. Name of Person in Charge of Activity _____ Tel. No. _____
7. Type of Activity _____ Group Size _____
8. Spectators (will / will not) _____ be admitted. Estimated No. of Spectators _____
9. Admission (will / will not) _____ be charged. Admission Charges _____
10. Brief Description of Activity _____
11. Do a majority of the members of the group live in the BOCES region? _____
12. Types and Limits of Insurance Carried by Group (*See #7 on reverse side*) _____
13. Remarks _____

14. Equipment and Furniture Requirements

TYPE	QUANTITY	ADDITIONAL INFORMATION
AV Equipment		
Chairs		
Tables		
Other		

CONDITIONS OF USE: It is understood that the organization named above will adhere to all regulations and requirements of the BOCES district and shall be liable for any and all damage resulting from the activity.

Applicant Signature _____ Telephone No. _____

Address _____ Date _____

Approved by _____ Date _____

BILLING:	FOR BOCES USE ONLY		
Name	Time In	Time Out	Additional Staff Comments
Custodial			
Cafeteria			
Damages			