



BUILDING/FACILITY USE REQUEST FORM

Telephone Number: 716.731.6800

The Board of Education is responsible for the use of all school facilities. In order that the Board may consider your request for the use of our facilities, please complete the form below.

Organization Making Request: _____

BOCES Site Being Requested: _____

Room(s) or Facility (i.e., Board Room, Pavilion, etc) Requested: _____

Function / Event / Purpose of Request: _____

Date for requested use: Day of Week _____ Month _____ Day _____ Year _____

Times for requested use: From _____ am pm To _____ am pm

Number of people expected: _____ Will admission be charged? _____ If yes, what will proceeds be used for? _____

Are special arrangements required? Yes No Specific table setup? Yes No Custodial Services? Yes No

If yes to any of these questions, please attach an outline of your needs. A charge may be applied to cover custodial overtime and/or utility costs.

RULES GOVERNING USE OF BUILDINGS AND/OR FACILITIES BY COMMUNITY GROUPS:

- The requesting organization is required to have a minimum of \$1,000,000 liability insurance policy. A Certificate of Insurance, with proper limits of liability, shall be submitted as evidence of insurance coverage at least one week in advance of the event and must designate both the using organization and the Orleans/Niagara BOCES as insured. The absence of such certificate will preclude the use of the building/facility.
- No smoking and/or drinking of alcoholic beverages.
- Activity shall be restricted to that area for which permission is granted.
- This activity shall not extend beyond the hours approved in this request.
- All programs shall be planned so that they do not interfere with the regular school day schedule.
- The organization using the building/facility shall be responsible for getting their equipment in and out of the building.
- The supervisor in charge of the activity shall be present before the activity is due to start and remain with the group until all have left.
- In the absence of the building principal or administrative personnel, the custodian is charged with the responsibility of the building.
- Where custodial assistance must be hired, a charge will be made and must be paid 30 days in advance of the event.
- Any loss/damage occurring to the Orleans/Niagara BOCES property as a result of this event shall be charged against the requesting/sponsoring group.
- No school property or equipment is to be altered or removed from the premises.
- The requesting organization using the buildings and/or facilities shall comply with all the Orleans/Niagara BOCES policies and regulations and other applicable laws.
- All entities and persons using the premises are responsible for compliance with all Orleans/Niagara BOCES policies.
- The Orleans/Niagara BOCES has the right to revoke this agreement at any time without notice.

I have read and agree, on behalf of the requesting organization indicated above, that all members and guests will observe the above regulations and that we, individually and as an organization, will assume full financial responsibility for any and all damages done to the Orleans/Niagara BOCES school property during the period of use indicated above. We also agree that our organization will at all times hereafter defend and indemnify the Orleans/Niagara BOCES against any loss, damage or expense of any kind, which the Orleans/Niagara BOCES may sustain or incur because of use of the above described building and/or facility by our organization and we will further hold the Orleans/Niagara BOCES harmless for loss of any kind in connection herewith.

A copy of this form will be sent to you upon completion, including all required signatures.

Printed Name of Requesting Organization Representative _____

Address _____ City, State _____ Zip Code _____

Daytime Telephone # (including area code) _____ Email Address _____

Today's Date _____ Representative's Signature _____

Recommendation by the BOCES Site Administrator: Approve Deny Signature _____ Date _____

Recommendation by the Director of Facilities: Approve Deny Signature _____ Date _____

Recommendation by the District Superintendent: Approve Deny Signature _____ Date _____

Certificate of Insurance on file? Yes No Expiration Date: _____ Charge to Requesting Organization \$ _____