Orleans/Niagara Board of Cooperative Educational Services 4232 Shelby Basin Road, Medina, New York, 14103 1-800-836-7510

			Railaing Ose	<u>Request Form</u>				
The Board of Education facilities complete the for		for the use of	f all school facilities	s. In order that the B	oard may c	onsider yo	our request for th	e use of school
The		requests the use of the school				at		
-	(Organizatio	on)		•			(Room or Rooms)	
			for the p	ourpose of				on
	(BOCES Site)							
(Day of Week)	(Month)	(Day)	from (Year)	(am or p	om) to	(8 (Time)	am or pm).	
Number of people expec	ted:	Will admission	n be charged?	If yes, proceeds	will be use	d for		
Are special arrangement If yes, please attach an c							' □Yes □No	
The requesting organizatiability, shall be submitted organization and the Orle No smoking and/or drink Activity shall be restricted. This activity shall not extra All programs shall be so The organization using the supervisor in charge In the absence of the buil Where custodial assistar Any loss/damage occurring No school property or equation using the Orleans/Niagara BOCES	ed as evidence eans/Niagara E ing of alcoholic d to that area frend beyond the planned that the building share of the activity lding principal are must be hirng to property uipment is to be facilities share the right to	of insurance of BOCES as insuble beverages. For which permite hours approving do not intended by the prese or administratived, a charge version of the prese of all comply with the revoke this a	coverage at least on ured. The absence ission is granted. It is granted. It is granted in the request. It is great that is granted in the for getting their ent before the activity we personnel, the could be made and multiple a charge against it is groved from the preall BOCES policies agreement at any tire.	e week in advance of of such a certificate was chool schedule equipment in/out of the y is due to start and rejustodian is charged wast be paid 30 days in the sponsoring group. emises. and regulations and one without notice.	the event a fill preclude e. e building. emain with the responsative of advance of their application.	nd must do the use of the group u tonsibility or event.	esignate both the the facility. Intil all have left. f the building.	using
I have read and agree, or individually and as an orgo during the period of use school against any loss, our organization and we	ganization, will indicated abo damage or ex	assume full fir ve. We also pense of any k	nancial responsibilit agree that our orga kind, which said sch	y for any and all dama anization will at all tim nool may sustain or in	ages done t nes hereafte cur because	o Orleans/ er defend a	Niagara BOCES and indemnify the	school property above named
A copy of this form will be	e sent to you u	pon completio	n including all requi	red signatures.		5		
Signature				Date		Daytin		
(Please Sk	n and Print Name	of Requesting Or	ganization Representati	ve)		гоюрі		
Address				City			Zip Code	
Recommendation by B		Recommendation by Supt. of Buildings and Grounds:						
☐ Approve ☐ Disapprove(Signature)				☐ Approve ☐ Disapprove				
		(Signature)		☐ Approve ☐ Disapprove(Signature)				
Date:				Date:				
Recommendation by D	istrict Superir	ntendent:						
☐ Approve ☐ Disappro	-			Certificate of In	isurance on	File? □ V	∕es □ No	
Abroto - pioabbio		Certificate of Insurance on File? ☐ Yes ☐ No						
Date:	***************************************			Charge to Requesting Organization \$				
White Copy: BOCES Sup	ot. of Bldgs. & (Grounds	Yellow Copy	: BOCES Building Princ	tipal	Pink	Copy: Requestin	g Organization