

EVENT FORM

Today's date: _____ Date(s) requested: _____

Building(s) requested: _____ Room(s): _____

Name of organization or individual: _____

Grade(s) attending: _____ Time: _____ to: _____

Supervisor in charge: _____

Email address: _____ Cell phone: _____

Purpose of use of facilities: _____

Total participants expected: Adults: _____ Children: _____

Is equipment required? (Please check one) Yes _____ No _____

If "Yes", state what type of equipment and for what purpose (example: tables, chairs, speakers, etc.):

Number of overtime custodians/groundsmen requested: _____

Duties to be performed: _____

Number of security staff requested: _____

Duties to be performed: _____

The undersigned has the actual authority to legally bind the organization(s) or individual(s) requesting use of facilities.

Signature of PTSA Representative

Date

PTSA Representative Email Address and Telephone Number

Signature of Principal/Administrator

Date

Signature of Superintendent

Date

RYE NECK BUSINESS OFFICE USE ONLY

- Application for Use of District Facilities
- Insurance cleared by NYSIR
- Fingerprint clearances completed

Verified by: _____ Date: _____

Sent to: _____

