

City School District of Albany
Facilities Use Coordination
Adult/Alternative Learning Center
141 Western Avenue, Room 113, Albany, NY 12203
Telephone: 518-475-6543
Attention: Arnelle Ullrich, Coordinator

Use of School Facilities Application

TO: The Board of Education Date of Application: _____

The _____ requests the use of _____
(Name of Organization) (Name of School Facility)

for (Please include the description of the activity. Please attach additional information if necessary):

for _____ people on _____ from _____ to _____
(Quantity) (Specific Dates) (Time) (Time)

It is understood that the undersigned person will be personally responsible to see that all rules and regulations of the Board of Education are observed and that his/her organization will be responsible for damage resulting from the misuse of the facility. A liability policy naming the City School District of Albany as an additional insured, in the amount of one million dollars (\$1,000,000.00) for personal injury, and two hundred and fifty thousand dollars (\$250,000.00) for property damage, must be forwarded to the Facilities Use Coordinator at the above address upon receiving confirmation of this completed application.

Organization Sponsoring Activity: _____ Tel.No. _____
Address: _____ Fax No. _____

Contact Person: _____ Tel.No. _____
Cell No. _____

Purpose of Activity: _____

Facility Desired: (1) _____ (2) _____ (3) _____ (4) _____

Equipment/Special Request(s): _____

Will there be a charge for admission, donation or contribution solicited? Yes or No Amount\$ _____

NOTE:

- 1. This form must be submitted at least thirty (30) days in advance of the requested access.
- 2. Letter of request must be on organization letterhead and it must accompany this application.
- 3. The Certificate of Insurance as described above, must be submitted upon receiving the Confirmation/Agreement.
- 4. Final approval is contingent upon the District's receipt of the Confirmation/Agreement with the Certificate of Insurance.

For District Use Only:		
Date Received: _____	Classification: _____	Approval # _____
Use date(s) Approved: _____	Rental Fee: \$ _____	Director: _____
Supervision Needed: _____	Insurance Certificate Received: _____	
Custodial: _____	Food Service: _____	
Audio/Visual: _____	Cleaning Fee: _____	
	Supply Charge: _____	