

**LAFARGEVILLE CENTRAL SCHOOL DISTRICT
BUILDING / GROUNDS REQUEST**

Name: _____ Facility Requested: _____

Sponsoring Agency: _____

Address: _____ Dates & Times Requested: _____

Phone Number: _____

Insurance: _____ Number of People: _____
Please Provide Certificate Admission Charge: Yes / No

Special Needs: *If multiple items are needed, please state numbers*

VCR / TV _____	Podium _____	Other _____
Chairs _____	Microphones / PA _____	
Tables _____	Other AV: <i>Please specify</i> _____	

1. The sponsoring agency must have insurance.
2. This request must be submitted to the superintendent at least one full week prior to the monthly Board of Education meeting.
3. All Building Use Permits are cancelled if school is closed or dismissed early due to inclement weather.
4. Any damage must be reported.
5. School events have preference.

***LaFargeville Central School District will be held safe harmless from all liability
from injury or damage resulting from requested activity.***

Approval: Superintendent:	Yes	No	Date: _____
Board of Education	Yes	No	Date: _____

Routing Copies:

1. Organization	2. Custodial Staff	3. Superintendent	4. Business Office
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