

**CITY SCHOOL DISTRICT OF NEW ROCHELLE
DEPARTMENT OF ENVIRONMENTAL SERVICES
515 North Avenue, New Rochelle, NY 10801
REQUEST FOR USE OF FACILITIES FORM**

Name of Organization: _____ Telephone #: _____

Is this a profit making organization (Please circle one) Y / N

Address: _____ City: _____ State: _____ Zip _____

Name of Applicant: _____ Telephone # _____

Address: _____ City: _____ State: _____ Zip _____

School Requested: _____ Area/Room(s): Requested _____

Type of Event: _____

Date(s) of Event: _____

Month/Day/Year

Time Event Begins: _____ Time Event Ends: _____

Rehearsal Date/Time: _____

Anticipated Attendance: **Adults:** _____ ***Children:** _____

*ADULT SUPERVISION IS REQUIRED FOR CHILDREN IN ATTENDANCE

Will there be an admission charge? (Please circle one) Y / N If yes, how much: \$ _____

PLEASE PROVIDE ON A SEPARATE SHEET A STATEMENT OF EVENT RECEIPTS, EXPENSES, PROFITS IF ANY, AND HOW THEY WILL BE UTILIZED.

Name of organization profits will be donated to: _____

List below all custodial services required for the event: (i.e., table set up, bleachers, cleanup, lights, etc.)

Date of Application: _____ **Signature of Applicant:** _____

CERTIFICATE OF INSURANCE IS REQUIRED BEFORE EVENT DATE

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Number of Custodian(s): _____ **Time Custodian(s) Report to Duty:** **Start** _____ **End** _____

Number of Security _____ **Time Security Report to Duty:** **Start** _____ **End** _____

Comments: _____

Principal's Signature Date: _____ John C. Gallagher, Dir. of Envir. Services Date: _____

Bruce Daniele, Dir. of Security Date: _____ Custodian's Signature Date: _____

John B. Quinn, Asst. Superintendent/Business Date: _____ * Dr. John Magnotta, Dir. of Athletics Date: _____

*FOR ALL FIELD AND GYM USE, DR. MAGNOTTA'S SIGNATURE IS REQUIRED

PERMITS NOT VALID WITHOUT THE SCHOOL DISTRICT'S APPROVAL AND SIGNATURES