



City School District of Albany  
 Facilities Use Coordination  
 Philip Livingston Magnet Academy  
 315 Northern Blvd., Room 3A Albany, NY 12210  
 Telephone: 518-462-7236/Fax: 518-465-8695  
 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.

<b>For District Use Only:</b>		
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: _____	