

Peru CSD Facilities Use Request Form

1. Name of Person in Charge:

2. Organization or Group Requesting Use:

3. Home and Cell Phone Number of Person in Charge:

4. Email Address of Requestor:

5. Please Indicate Date(s) of Event:

6. Hours of Requested Use:

7. Purpose of Event (Please be specific):

8. Is this event a fundraiser for a school recognized class, club or athletic organization?

YES

NO

9. If you answered NO to the previous question, please provide proof of insurance.

10. Building:

Elementary Building (K-2 House)

Elementary Building (3-6 House)

Jr/Sr High School Building (7-8 Wing)

Jr/Sr High School Building (9-12 Wing)

If other please specify:

11. Requested Area of Facility (Please check the appropriate box):

Band Room /
Orchestra Room

Cafeteria

Kitchen

Community Room

Classroom (Rm #)

Gymnasium

Library

Stage / Auditorium

Small Gym /
Wrestling Room

Other, please
specify:

12. If this activity or event is not during regular school hours, are custodial services required? Provision of custodial service may have a fee associated with the services.

- YES
 NO

13. Special Equipment and Services Required (Please check the name of the equipment or services required):

- | | | |
|---|--|---|
| <input type="checkbox"/> Microphone | <input type="checkbox"/> Easel | <input type="checkbox"/> Projector |
| <input type="checkbox"/> Television | <input type="checkbox"/> Podium | <input type="checkbox"/> VCR |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Extension Cords | <input type="checkbox"/> Projector Screen |
| <input type="checkbox"/> US Flag | <input type="checkbox"/> CD Input | <input type="checkbox"/> MP3 Input |
| <input type="checkbox"/> Computer/Laptop For Presentation | <input type="checkbox"/> Other: | <input type="text"/> |

14. Please Provide any Specific Setup Instructions:

15. Is an AED certified person required for this event?

- YES
 NO

16. If you answered YES to the previous question, please provide us with a copy of your certification.

17. AGREEMENT

The undersigned is over 21 years of age and has read this form and The Peru School Board Policy 1500 and agrees to comply with them. He/she agrees to be responsible to the Peru Central School District for the use and care of the facilities. He/she, on behalf of

does hereby covenant and agree to defend, indemnify and hold harmless the Peru Central School District, from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of District's property, facilities and/or services by Organization. The undersigned agrees to pay any and all damages as a result of this building usage.

Signature of Organization's Representative

Title of Organization's Representative

18. The requestor is aware there is a building use fee structure? (When applicable)

Yes

No

19. Please note:

- Return used rooms or athletic venues in the same condition as received
- Turn off lights when exiting the buildings
- Place all garbage in a trash receptacle
- Promptly report any broken items or problems encountered

20. Building use fee. (For official use only)

Administrative Signoffs / Required Signatures:

**For Office Use Only*

Jr/Sr High Principal

Elementary K-2 House Principal

Elementary 3-6 House Principal

Director of Facilities

Athletics Coordinator

Jr/Sr High Audio-Visual Director

School Lunch Manager

Jr/Sr High School Media Specialist

Superintendent of Schools

*Please mail, fax or drop off your completed form to:

Peru Central School District
Attention Director of Facilities
17 School Street
PO Box 68
Peru, NY 12972

Fax 518-643-6056