

**ALBION CENTRAL SCHOOL**  
APPLICATION FOR USE OF SCHOOL BUILDINGS

2017-2018

Date(s) Requested: _____ (If more than 4 dates, please list on separate sheet) Time Requested: _____ am/pm to _____ am/pm  Have you used this building in the past for this activity? _____ Yes _____ No Does the activity involve ACSD students? _____ Yes _____ No Number of individuals expected to attend activity: _____  <b>BUILDING REQUESTED:</b> _____ High School _____ Middle School _____ Elementary School	Organization: _____ Activity: _____  Date this form was submitted: _____ <b>Semester Requested: Fall Spring Summer</b> (Circle One) <b>Notes: A custodial fee will be assessed for hours beyond scheduled custodial hours. An area cannot be reserved for an entire year. Reservations are accepted by semester only.</b>
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<b>FACILITIES REQUESTED:</b> Auditorium _____ # Classrooms _____ Gymnasium _____ Cafeteria _____ Pool* _____ Kitchen _____ Boys' Lockers _____ L.G.I. _____ Girls' Lockers _____ Band/Chorus Rooms _____ Library _____ Multipurpose Room _____  <b>*Please see additional requirements for use of pool regarding certified lifeguards. Anyone using the pool age 16 and under must be accompanied by someone of at least 18 years of age.</b>	<b>SERVICES REQUESTED:</b> Cafeteria Supervision* . . . . . _____ *required if kitchen is used Adult Supervisors . . . . . _____ Media Personnel/Equipment . . . . . _____ (Attach Media Services Request Form) Table and Chairs How many? . . . . . _____  <b>**If any food sales for your event, the "Requestor" must ensure compliance with Orleans County Health Department regulations. You may contact the Health Department at (585) 589-3278 for further information.</b>
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<b>TO BE COMPLETED BY ACSD OFFICE:</b> Rental Fee: Minimum charge for semester use of an area is . . . . . \$250.00 (one night per week for 20 weeks) Gymnasium or pool (3 hrs. or less) . . . . . 30.00 Each additional hour . . . . . 5.00 Cafeteria (without Kitchen) . . . . . 20.00 Cafeteria (with Kitchen) . . . . . 25.00 Large Group Instruction (no A/C) . . . . . 20.00 A/C . . . . . Add \$10/hour Band/Chorus Rooms (each) . . . . . 15.00 Locker Room (each) . . . . . 5.00 Auditorium ( <b>without air conditioner</b> ) . . . . . 50.00 A/C . . . . . Add \$25/hour Auditorium rehearsal other than day of performance . . . . . 25.00  Classrooms (each) . . . . . 5.00 Library . . . . . 5.00 ES Multipurpose Room . . . . . 5.00	<b>OTHER CHARGES:</b> Custodial fee beyond scheduled hours: (1 hour clean-up required after large event) Custodians required _____ x (depends on size of group) _____ hrs. @ \$30.00 = _____ Custodian (Sunday) _____ hrs. @ \$40.00 = _____ Cafeteria _____ hrs. @ \$20.00 = _____ Supervisor _____ hrs. @ \$30.00 = _____ Media Personnel/Equipment = _____ (from Media Services Request Form) <b>PLEASE PAY THE CHARGES LISTED BELOW BEFORE THE EVENT DATE:</b>  RENTAL FEES \$ _____ OTHER CHARGES \$ _____ TOTAL DUE \$ _____  <b>Make checks payable to:</b> ALBION CENTRAL SCHOOL, c/o Ms. Laura Marek
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<b>I HAVE READ AND SIGNED THE USER AGREEMENT ON THE BACK OF THIS FORM AND WILL OBTAIN A CERTIFICATE OF INSURANCE.</b> Individual responsible for payment and insurance _____ Address: _____ _____ Telephone: _____  <b>REVIEWED:</b> _____ _____ <b>Kristin Ferris, Facilities Dept. Date</b>  <b>APPROVED:</b> _____ _____ <b>Michael S. Bonnewell, Superintendent Date</b>	<b>COPY DISTRIBUTION</b> Principal _____ Custodian _____ Applicant _____ Maint. & Op. _____ AV _____ Other _____ File _____
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**SCHOOL SPONSORED EVENTS will take precedent. Your event could be cancelled due to unforeseen conflicts. Should this happen you will be contacted for different dates or fees paid will be refunded. (OVER)**

## **SUBJECT: COMMUNITY USE OF SCHOOL FACILITIES**

All organizations wishing to use school facilities must submit this form to the District Office on or before the following dates:

No later than the Wednesday prior to the monthly Board Meeting.

\*The Request is subject to the approval of the Albion Board of Education and the availability of the building.

No applications will be accepted prior to **August 1** for the Fall Semester, **November 1** for the Spring Semester and **May 1** for the Summer Semester. This schedule is required in order to permit school activities to be scheduled first.

The organization/designee is responsible for completing the necessary forms.

The following regulations shall be in force:

1. The applicant in charge of this activity shall assume full responsibility for proper supervision and shall agree to assume responsibility for payment of costs of any damages sustained in facility usage.
2. Smoking is not permitted inside building or on school property at any time.
3. Only the room or designated area granted in the original request shall be used.
4. Classroom materials and/or equipment are not to be used without specific permission, and media equipment shall not be used unless operated by school personnel.
5. All rooms and areas are to be left in an orderly condition after usage.
6. Outside groups must provide a certificate of insurance with minimum liability of \$1,000,000 each occurrence and \$2,000,000 aggregate and naming the Albion Central School as the additional insured at the time of the application. The certificate holder should be the Albion Central School District. Approved Booster Groups that support or enhance the interests of the District may sign a waiver of insurance to use the facility for a meeting. A certificate of insurance must be obtained, however, when the Booster Group is using school facilities to raise money, holding physical activities, selling food products or holding meetings of more than 100 people.
7. If the Board of Education approves an Application for Use of School Facility, noncompliance with any of the foregoing regulations may, in the discretion of the Board of Education, result in the immediate revocation of such approval and the denial of further use of school facilities by the applicant.
8. The Superintendent, after consulting with the Superintendent of Buildings and Grounds and/or the Board President, has the authority to close the school buildings and/or grounds, should conditions be inappropriate for community use and/or continued use, and place an unfair burden on the tax payers.

**Proof of insurance shall be provided and fees paid prior to the use of the building.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_