

3/12-4/30 -2549
4/8-5/3 -5/17 -2550

Not Available on 3/14, 4/2, 4/10, 5/1
entered 3/18/19

CCSD Policy #1500-E.1

APPLICATION FOR PERMIT TO USE SCHOOL PREMISES

School/Building Connecticut HS under turf - Girls Lacrosse turf
Today's Date: 11-29-18 Date(s) requested: Friday, Sunday Time (from-to) 6-8
Name of group Connecticut Youth Lacrosse Person in charge Joseph Del'iso
Home Phone # 631-256-6285 Work Phone # 631-831-5914
Address 1574 Lincoln Ave, Bohemia NY 11716
Purpose of meeting Games on Sundays Expected attendance 20+
Turf field
Facilities requested (auditorium, cafeteria, gym, library, kitchen, fields, etc.)
Lacrosse nets Portable toilets needed: Yes ☐ No ☐
Equipment requested, if any (piano, number of chairs, tables, other)

Please Note: There will be a \$250 damage deposit (\$500 when using more than one facility) payable to CSD upon completion of the filing process and approval.

The following items MUST be submitted before you will be permitted to begin use of any CSD facility:
☐ \$250 damage deposit ☐ Proof of "NOT FOR PROFIT" status ☐ Roster of ALL participants
☐ Certificate of Insurance ☐ Insurance endorsement ☐ Rental fee (if applicable)

PLEASE SUBMIT THIS FORM 60 DAYS IN ADVANCE OF STARTING DATE. This form is to be sent to the Principal of the building for signature, and if approved, forwarded to the Assistant Superintendent. If approved, one copy will be returned to the applicant, one copy sent to the building principal and one copy will be kept on file.

AGREEMENT: I have carefully read the regulations of the Board of Education concerning the use of the school premises and agree to comply with them. I am over 21 years of age and have read this form and regulations and I agree to comply. I agree to be responsible to the District for the use and care of the facilities. I, on behalf of the organization, do hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims or actions (including costs and attorney 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 this organization.

Signature of Organization's Rep [Signature] Date 11-29-18
Address 1574 Lincoln Ave, Bohemia NY 11716 Telephone # 631-256-6285
Email Address 3861-730@yahoo.com (cancellation correspondence via email only)

This permit is to be shown to the custodian on duty in the school building requested above. The custodian on duty is responsible for the care of the building and organizations using same are requested to show cooperation. NOTE: Problems arising from utilization of the facilities should be referred to the building principal.

APPLICATION APPROVED BY:

Signature of Building Principal Date

Signature of District Administrator Date

Building Use Charge: \$ _____ Check #/Cash: _____ Date: _____
(Must be paid in advance of dates request)

PLEASE SEE RULES AND REGULATIONS ON THE BACK