



# Binghamton City School District

Binghamton, New York

## Application For Use Of Facilities

Name of School \_\_\_\_\_ Room(s) Requested \_\_\_\_\_

Dates / Time of Event \_\_\_\_\_  
(please list rehearsal schedule below)

Name of Organization \_\_\_\_\_

(Check One)  SCHOOL FUNCTION  CLASS I Org.  CLASS II Org.  SUNY / GOVERNMENT

Description of Activities and/or Program: \_\_\_\_\_

Admission to be charged: \_\_\_\_\_ Maximum tickets to be sold: \_\_\_\_\_

Proceeds from the event will be used for: \_\_\_\_\_

**Selling of Concessions are not allowed by Class II Organizations - Please refer to Use of Facilities Regulations.**

Rehearsal / Set-Up Schedule - Dates and Hours: \_\_\_\_\_

You must provide Binghamton City School District with the following information **prior** to the approval of your event:

- A completed Request for Services form.
- A completed Hold Harmless Agreement. (Non-School Functions Only)
- A current Certificate of Insurance from your insurance carrier, naming School District as an additional insured. (Non-School Functions Only)

| For Office Use Only      |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | _____ Date Rec'd |
| <input type="checkbox"/> | _____ Date Rec'd |
| <input type="checkbox"/> | _____ Date Rec'd |

I certify that I have read and agree to be bound by the rules and regulations provided in the **Use of Facilities Regulations** document which is made part of this application. I also certify that the proceeds received will **not** be used for the benefit of a religious sect or exclusive fraternal society and that the program will be open to the general public. I understand the organization or group I represent will assume responsibility for **all** damages. I also, understand I **will be** charged a fee for the use of facilities in accordance with the schedule of charges.

Date of Application \_\_\_\_\_

Signed \_\_\_\_\_

**Fee for use payable to:**

Binghamton City School District  
10 Robinson Street  
Binghamton, NY 13904

Authorized Representative of Group or Organization

Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone \_\_\_\_\_

*This application is hereby granted by the action of the Board of Education.*

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Assistant Superintendent for Business

**- No Smoking in Buildings -**

**New York State Law requires notification of emergency evacuation procedures for fire emergencies be announced at all events.**

**Please refer to Use of Facilities Regulations.**

**No Smoking: It is understood that organizations using school facilities will be responsible for enforcing the no smoking regulation while building is being used by such organization**

### **Schedule of Charges**

**See Schedule of Charge section of the Use of Facilities Regulations**

**Doors are not to be left unlocked unless the entrance is staffed by a member of the Event. Times must be specified for which your organization would like to have the doors unlocked and staffed by your organization. Doors are not to be propped open at any time.**