

BEDFORD CENTRAL SCHOOL DISTRICT
P.O. BOX 180
MOUNT KISCO, NEW YORK 10549

APPLICATION FOR THE USE OF SCHOOL FACILITIES

(Submit the completed form at least **thirty days** prior to the event)

Name of Applicant/Organization _____

(Please print) (If you are not-for-profit organization, submit 501(c)(3) paper work with application)

Contact Person (Please print) _____ **E-Mail** _____

Mailing Address _____

Telephone Information (Day) _____ (Night) _____ (Cell) _____

Description and Purpose of Activity Planned _____

Estimated Number of Persons in Attendance _____

Person in Attendance and Responsible for Supervision _____

Address _____ **Phone** _____

DATES BUILDING OR GROUNDS ARE TO BE USED

Name of School _____

Room(s) Desire _____

Dates and Times of Use: _____

Is meeting open to public? _____ Will there be a charge made for admission or a donation or contribution solicited? _____
If so, for what purpose will the proceeds be used? _____

Will you be using the Kitchen _____ **Yes** _____ **No.** **If yes, there is a fee of \$18.54 per hour for an Aramark employee to be present in the kitchen during use.**

FOR DISTRICT USE

Custodial Overtime Hourly Rate: _____ Facility Use Fee(s): _____

Estimated Number of Custodians Needed for Event _____ Total Estimated Custodial Overtime Hours _____

Head Custodian Signature: _____ Date: _____

Approved by: _____ (Adam Lodewick-Gym Use) Date: _____

Approved by: _____ (Robert Martin - MLMT Use) Date: _____

Recommended by: _____ Date: _____

Approved by: _____ School Principal Date: _____

Board of Education Designee

Please read and sign the **Facility Use Requirements and Applicant Agreement** and return it with the Application for the Use of School Facilities. Thank you.