

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

**APPLICATION FOR THE USE OF BEDFORD CHALLENGE COURSE**  
(Submit the completed form at least thirty days prior to the event)

Name of Organization (Please print) \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_

Requested Date of Challenge Course Use: \_\_\_\_\_

Please Check One: \_\_\_\_\_ ½ Day \_\_\_\_\_ Full Day \_\_\_\_\_ Time of Use \_\_\_\_\_

Goals for Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Persons Expected to Participate (Please describe group i.e. experience, background, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS**

Applicant's Signature \_\_\_\_\_

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**FOR DISTRICT USE**

\_\_\_\_\_ Certificate of Insurance has been provided.

\_\_\_\_\_ Goals of activity approved.

Approved by \_\_\_\_\_

Board of Education Designee

Date \_\_\_\_\_