

Rhinebeck Central School District - Facility Use Application

P.O. Box 351

Rhinebeck, NY 12572

(APPLICATIONS NEED TO BE SUBMITTED TO THE SCHOOL 15 DAYS PRIOR TO THE INTENDED DATE(S) OF USE)

PLEASE PRINT CLEARLY

Name of Sponsoring Organization			Today's Date	
Home or Business Mailing Address	City	Zip	Daytime Phone	Cell Phone
Name of Authorized Agent (Print)		Signature		
		E-Mail Address:		

HEREBY MAKES APPLICATION FOR THE USE OF THE FOLLOWING:

Building: CLS BMS RHS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Facility Requested: Gym / Auditorium / Cafeteria / *Kitchen Room _____ Fields _____ <i>*Applicant must call Cook Manager (845) 871-5570 ext 5579 to reserve Kitchen</i>										
Use Date(s): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										Start Time _____ am/pm	End Time _____ am/pm
<i>If additional space is required, please use back of form.</i>											
Event name and detailed description:											
List any items/equipment you wish to bring onto property and safety precautions taken:											

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) Is your group non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, IRS 501 letter must be attached</i>	2) Will this meeting be open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Will fees be charged or contributions solicited? Yes <input type="checkbox"/> No <input type="checkbox"/>	3) Group size: _____
5) Will refreshments of any type be served? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Fees may apply & will be determined by RCSD according to current fee schedule

Office Use Only

Approved for Use: Yes/Approved No/Denied or Conflict Fees: Group # _____

Signed Regulation on File: Yes No N/A

Certificate of Insurance on File: Yes No N/A

Assistant Superintendent for Support Services: _____ Date: _____

IMPORTANT: For an event day emergency, including weather-related issues, please contact Sheldon Tieder, Director of Facilities at (845) 876-8500