## **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

No district facility shall be deemed "reserved" until the completed application has been approved through the Business Office and applicant has received confirmation

PLEASE PRINT CLEARLY

| Name of Sponsoring Organization                       |                              |                                       |                    |                    |  |  | Today's Date   | Today's Date             |  |
|---|------------------------------|---------------------------------------|--------------------|--------------------|--|--|--|--------------------------|--|
| Home or Business Mailing Address City                 |                              |                                       |                    | City               |  | Zip  | Daytime Phone  | Cell Phone               |  |
| Name of Au  | uthorized Age                | nt (Print)                            |                    |                    | Signature                              |  |  |                          |  |
|   |                              |                                       |                    |                    | E-Mail Add                             | E-Mail Address:                                |  |                          |  |
|   | MAKES APPL                   | I MOITAGE                             |                    |                    |  | ·  |  |                          |  |
| Building:   | IANES AFFL                   | ICATION I                             | Facility Re        |                    | OLLOWING                               | <u>.                                      </u> |  |                          |  |
| CLS   | BMS                          | · · · · · · · · · · · · · · · · · · · |                    |                    |  | Kitchen  | Room   | Fields                   |  |
|   |                              |                                       | -,                 |                    | rve Kitchen                            |  |  |                          |  |
| Use Date(s  | s):                          |                                       |                    |                    |  | <u> </u>                                       | Start Time   | End Time                 |  |
|   |                              |                                       |                    |                    |  |  | am/nm  | am/nm                    |  |
|   | If ad                        | Iditional enace                       | e is required, ple | nace use back i    | of form                                |  | am/pm  | am/pm                    |  |
| Fyont name  | e and detailed               |                                       |                    | ase use back o     | JI IOIIII.                             |  |  |                          |  |
| 1) Is your g  | NSWER THE                    | fit? Yes                              |                    |                    | ′                                      | •  | be open to the public? Ye  | es 🗆 No 🗆                |  |
|   | 01 letter must be            |                                       |                    | 10 Van [           | 3) Group s                             | size:  |  | _                        |  |
| ,   | s be charged of a shape of a |                                       |                    |                    | □ No □<br>No □                         |  |  |                          |  |
|   |                              |                                       | mined by RO        | CSD accord         |  |  | nedule. Acknowledgeme  | nt of estimated costs is |  |
| *******   | ******                       | **********                            | :******            |                    | ************************************** |  | *********  | **********               |  |
| Approved for Use: Yes/Approved □ No/Denied or Conflic |                              |                                       |                    |                    |  | ····y  | f  | Fees: Group#             |  |
| S   | Signed Regula                | ation on File                         | e: Yes 🗆           | No □               | N/A                                    |  |  |                          |  |
| Certifi   | icate of Insura              | ance on File                          | e: Yes 🗆           | No 🗆               | N/A                                    |  | Date:  |                          |  |
| Cost  | t Estimate Ack               | knowledged                            | J: Yes □           | No 🗆               | N/A                                    |  |  |                          |  |
|   |                              |                                       |                    |                    |  |  |  |                          |  |
| with CDC, St  |                              | nd/or District                        | recommendat        | tions (restriction | ions). Based o                         | on public he                                   | need to implement revised pro<br>ealth conditions, approvals are | •                        |  |

For an event day emergency, including weather-related issues, please contact Sheldon Tieder, Dir. of Facilities at (914) 456-0936 OR Thomas

Burnell, Asst. Supt. of Support Svcs at (845) 235-0753