

**PUBLIC USE OF SCHOOL FACILITIES**

BEACON CITY SCHOOL DISTRICT  
10 EDUCATION DRIVE, BEACON, NY 12508

**APPLICATION FOR FACILITIES USE**

**\*\*Application must be submitted a minimum of 3 weeks prior to the date requested\*\***

**ROMBOUT MIDDLE SCHOOL OR ELEMENTARY SCHOOLS ONLY**

Name of organization requesting facility use: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email (required): \_\_\_\_\_

Organization's Representative in Charge of Activity: \_\_\_\_\_

Position in Organization: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_ **\*This must be a minimum of 3 weeks prior to the date requested\***

Program date(s): (**Attach list of individual dates if more than 3**) \_\_\_\_\_

Requested time: From: \_\_\_\_\_ To: \_\_\_\_\_

Actual Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

If applicable: Rehearsal date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

**Site desired:** (Please indicate by **checking**  areas needed.)

Rombout Middle School

Glenham Elementary School

Sargent Elementary School

J.V. Forrestal Elementary School

South Avenue Elementary School

**Room or Space Desired:**

\_\_\_\_\_ # of Classrooms  Gym  Cafeteria  Field (Elem/MS)  Other \_\_\_\_\_

Type of event or activity: \_\_\_\_\_

Number Expected: Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

Admission Fee: Yes/No Amount \$ \_\_\_\_\_

Are all proceeds for educational or charitable purposes? ..... Yes  No

Will a private fund raiser be paid from the proceeds? ..... Yes  No

Will Group or corporation receive any of the proceeds? ..... Yes  No

**INSURANCE REQUIREMENTS:**

All organizations must submit a certificate of insurance indicating liability insurance coverage in the amount of one million dollars (\$1,000,000) per occurrence, two million dollars (\$2,000,000) in aggregate, which names the Beacon City School District as “additional name insured.” Additional insurance coverage may be required due to the nature of the even or activity.

Approval of this “Application for Facilities Use” cannot be granted until a valid certificate of insurance is received. (Please attach a valid copy of certificate)

**Name of insurance company:** \_\_\_\_\_  
**Evidence of insurance attached?** \_\_\_\_\_

**Approval – The event is not approved** until application and deposit are submitted and signed by the Building Principal, Athletic Director (**AD**) (Athletic facilities/fields), Director of Facilities (**DF**), and Director of Security (**DS**).

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**TOTAL REQUIRED BCSD STAFF COST.....\$\_\_\_\_\_**

The number of custodians & Security to be charged is determined by the following scale:

- 1-100 PEOPLE .....1 CUSTODIAN & 1 SECURITY PERSONNEL
- 100-500 PEOPLE.....2 CUSTODIANS & 2 SECURITY PERSONNEL
- 500+ PEOPLE.....3 CUSTODIANS & 3 SECURITY PERSONNEL

(DF) CUSTODIAL FEE.....#	_____	x	\$ 40.00 /hr.	x	_____	hrs. = \$ _____	
(DF) GROUNDS PERSONNEL .....	#	_____	x	\$ 40.00/ hr.	x	_____	hrs. = \$ _____
(may be required for use of fields for additional parking /mowing)							
(DS) SECURITY PERSONNEL .....	#	_____	x	\$ 37.00/ hr.	x	_____	hrs. = \$ _____
(SLM) CAFETERIA EMPLOYEE .....	#	_____	x	\$ 25.00/ hr.	x	_____	hrs. = \$ _____
(AD) HEATING/COOLING MECHANIC (may be required for large		_____	x	\$ 50.00/ hr.	x	_____	hrs. = \$ _____
_____							
event)...#		_____					

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**SCHEDULE OF CHARGES FOR USE OF BEACON CITY SCHOOL DISTRICT FACILITIES**

GYMNASIUM (Rombout).....	\$ 94.00 / hour	x	_____	= \$ _____
GYM (ELEMENTARY).....	\$ 56.00 / hour	x	_____	= \$ _____
CAFETERIA (RMS or ELEMENTARY) .....	\$ 44.00 / hour	x	_____	= \$ _____
EACH CLASSROOM.....	\$ 31.00 / hour	x	_____	= \$ _____
ATHLETIC FIELD*** .....	\$ 50.00 (3 hrs.)	x	_____ /3 hrs=	\$ _____

\*\*\* Additional charges for non scheduled mowing and or lining of fields, group is responsible for all garbage removal.

**Maximum Capacity (Includes participants & spectators)**

- RMS Cafeteria -300
- RMS Gym -707
- Other facility rooms/areas as posted

**The undersigned represents and agrees**, on behalf of the organization named above, as follows: (1) that he/she has the authority of such organization to make this application; (2) that the statements made herein are true and complete; (3) that the organization will comply with the policy and rules and regulations of the district; (4) that the organization hereby assumes responsibility for any loss or damage to district property arising out of the use of district facilities pursuant to this application; and (5) that the organization will adequately supervise the use of facilities.

**TOTAL CHARGES TO USE FACILITY:** \$ \_\_\_\_\_

**The undersigned has read and understands the policy and rules and regulations contained in the application packet.**

\_\_\_\_\_  
Signature of Applicant

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

**Submit complete application with copy of insurance certificate and deposit attached (if required) to:**

**Mr. Anthony D’Amato  
Director of Facilities and Operations  
Beacon City School District  
10 Education Drive  
Beacon, NY 12508**

**NOTE: Approval of Use – The event is not approved** until it is signed by the Building Principal, Athletic Director (for Athletic facilities/fields), Director of Facilities, and Director of Security, and is submitted with valid insurance and deposit. Subject to availability.

Processing time is 3 to 4 weeks.

**For Official Use Only**

**BUILDING APPROVAL**

The building and facilities \_\_\_\_\_ available as requested.  
are / are not

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Date

Comments/Restrictions: \_\_\_\_\_

**ATHLETICS APPROVAL** (gymnasiums, fields )

Gym \_\_\_\_\_ available as requested.  
is / is not

The field \_\_\_\_\_ available as requested.  
Name of Field is/is not

\_\_\_\_\_  
John Giametta, Athletic Director

\_\_\_\_\_  
Date

Comments/Restrictions: \_\_\_\_\_

**CENTRAL OFFICE APPROVAL - FACILITIES**

The above facility request is:  Approved  Not Approved  
 With conditions  Without conditions

Comments/Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Anthony D'Amato, Director of Facilities

\_\_\_\_\_  
Date

**CENTRAL OFFICE APPROVAL - SECURITY**

The above facility request is:  Approved  Not Approved  
 With conditions  Without conditions

Comments/Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Mark Thomas, Director of Security

\_\_\_\_\_  
Date