

# GREATER JOHNSTOWN SCHOOL DISTRICT

Administration Office

1 Sir Bills Circle, Suite 101 ~ Johnstown, NY 12095

Phone 518/762-4611 ~ Fax 762-3127 or 762-6379

## Application and Agreement for Use of Facilities

**\*FORM MUST BE SUBMITTED TO PRINCIPAL OF BUILDING REQUESTED\***

**\*2 WEEKS PRIOR TO EVENT\***

Permission is requested to use the following:

Facility/Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

Representatives Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Specific Date(s) for use \_\_\_\_\_ Time(s): \_\_\_\_\_

Purpose for which the facility will be used \_\_\_\_\_

Please specify any school equipment and facilities (ex. Bathroom, classroom, cafeteria, gym, kitchen)

Please circle one: Co-Curricular, Athletics, Recreation, Music, Outside Organization  
Other ~~ be specific: \_\_\_\_\_

If you are not affiliated with the Greater Johnstown School District, please attach a "Certificate of Insurance Form", which is required before approval will be granted.

**(MUST BE COMPLETED)**

Official Name of Organization \_\_\_\_\_

Address for billing and approval form: \_\_\_\_\_

E-Mail for billing and approval form: \_\_\_\_\_

(If no E-Mail is provided, bill and form will be sent to address above.)

**PLEASE ATTACH A COPY OF ANY FLYERS, POSTINGS, ADVERTISEMENTS, ETC.**

Number of people/participants expected to be in attendance \_\_\_\_\_

Please circle yes or no to the following. If yes, please fill in amounts.

Admission charge Y ~ N Amount \_\_\_\_\_ Participant charge Y ~ N Amount \_\_\_\_\_

How will any excess of revenues over expenses be used \_\_\_\_\_

\_\_\_\_\_  
Signature of person filling out this application

\_\_\_\_\_  
Date

**\*FORM MUST BE SUBMITTED TO PRINCIPAL OF BUILDING REQUESTED\***

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Athletics, Physical Education, Health &  
Recreation - James J. Robare

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of School Facilities & Operations - Leo Loveless

\_\_\_\_\_  
Date

**OUTSIDE COMMUNITY BASED ORGANIZATIONS - Signature required by Superintendent prior to event. Exceptions being JTA, PTA, CSEA - Johnstown unit.**

\_\_\_\_\_  
Superintendent of Schools - Robert A. DeLilli

\_\_\_\_\_  
Date

**Any questions or complaints concerning the use of facilities should be communicated in writing to the Superintendent of Schools at the above address and phone number.**

Additional overtime required for this event: Yes \_\_\_\_\_ No \_\_\_\_\_

Need insurance certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

Responsible for set up, clean up, and building security: \_\_\_\_\_

**I understand that if any areas are left incomplete or unanswered, this application will be returned to me. I also understand that any charges will be paid before this event.**

**FACILITY** Custodial \_\_\_\_\_ hours @ \$ \_\_\_\_\_ per hour - Total \$ \_\_\_\_\_

**USE**  
**COST** Room Rent \_\_\_\_\_ hours @ \$ \_\_\_\_\_ per hour - Total \$ \_\_\_\_\_

Misc. Charges \_\_\_\_\_

NOTES \_\_\_\_\_