



Organizational Name: _____

Contact Name: _____ Contact Number: _____

Contact Title: _____ Contact Email: _____

Event Title: _____

Event Description: _____

Billing Information:

Attention: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Location Options:	<input type="radio"/> Single Location	<input type="radio"/> Multiple Locations
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Number of people expected to be present?	Are refreshments being served?
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Building(s):	
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Location	Additional Information
<input type="radio"/> Gym	
<input type="radio"/> Field	
<input type="radio"/> Cafeteria	
<input type="radio"/> Kitchen	
<input type="radio"/> Auditorium	
<input type="radio"/> Classrooms	
<input type="radio"/> Miscellaneous	

Event Timing:

Start: _____ Time _____ Event Occurrence
 One Time Recurrence Random Dates

End: _____ Time _____
Please advise dates: (may attach separate sheet of paper)

I have read the information as outlined on the Niskayuna Central School District website regarding "Facilities Use Requests". I understand a Certificate of Insurance and deposit, if applicable, must be provided with this completed form.

Signature: _____ Date: _____

<i>Please submit the completed form, Certificate of Insurance and deposit to: Facilities Use Coordinator via fax: (518) 377-4074 or email: facilityuse@niskayschools.org</i>

Office Use Only

Approved: _____ Certificate of Insurance: _____ Deposit: _____ Denied: _____