

# MARGARETVILLE CENTRAL SCHOOL

415 MAIN STREET, P.O. BOX 319  
MARGARETVILLE, NEW YORK 12455

Building Principal  
Laura H. Norris

DR. ROBERT L. CHAKAR, SUPERINTENDENT  
Telephone 845-586-2647  
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Treasurer  
Gregory Beall

## BUILDING & FACILITIES REQUEST

Name of Organization/Representative: \_\_\_\_\_

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

Telephone  
Number: \_\_\_\_\_

### DATE FACILITIES ARE BEING REQUESTED:

**(Request needs to be submitted 2 weeks prior to the event)**

Date: \_\_\_\_\_

*Time*

From: \_\_\_\_\_ To: \_\_\_\_\_

*Time of Event*

From: \_\_\_\_\_ To: \_\_\_\_\_

### EVENT:

\_\_\_\_\_

### FACILITIES BEING REQUESTED:

- |  |   |
|--|---|
| <input type="checkbox"/> Athletic Fields   | <input type="checkbox"/> Kitchen            |
| <input type="checkbox"/> Auditorium/Gym    | <input type="checkbox"/> Girls' Locker Room |
| <input type="checkbox"/> Boys' Locker Room | <input type="checkbox"/> Home Economics     |
| <input type="checkbox"/> Cafeteria         | <input type="checkbox"/> Library            |
| <input type="checkbox"/> Classroom _____   | <input type="checkbox"/> Other _____        |

(please list room # and/or teacher's name)

**\*Note: No charge for Athletic Fields when no other facilities are needed.**

### EQUIPMENT NEEDED:

Please list any equipment you may need (tables, chairs, etc.) and specific information for setting up.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued on back →

**BUILDING & FACILITIES REQUEST (Continued)**

**CHAPERONES: (For Outside Organizations Only)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

We have read the list of general regulations attached and agree to abide by these items to the best of our abilities. We further agree to abide by any other rules and requirements that may be imposed by the Board of Education, or their authorized representatives.

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<b>Organization/Representative</b>	<b>Date</b>
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**This form needs to be completed and submitted to the Main Office for approval. Outside Organizations MUST provide a Certificate of Liability Insurance.**

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**RETURN COMPLETED SIGNED FORM TO DISTRICT OFFICE (*School use only*)**

Building Principal \_\_\_\_\_ Approved\_\_\_ Disapproved\_\_\_

Superintendent \_\_\_\_\_ Approved\_\_\_ Disapproved\_\_\_

Building & Grounds \_\_\_\_\_ Approved\_\_\_ Disapproved\_\_\_

Senate ***For In-House Events ONLY*** \_\_\_\_\_ Approved\_\_\_ Disapproved\_\_\_

