

MARGARETVILLE CENTRAL SCHOOL

415 MAIN STREET, PO BOX 319
MARGARETVILLE, NEW YORK 12455

Interim Building Principal
Dr. Patrick Darfler-Sweeney

DR. ROBERT L. CHAKAR, JR., SUPERINTENDENT

Treasurer
Teresa K. Goodchild

Telephone (845)586-2647
FAX (845)586-2949

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:

*Athletic Fields

Kitchen

Auditorium/Gym

Girls' Locker Room

Boys' Locker Room

Home Economics

Cafeteria

Library

Classroom _____

Other _____

(please list room #and/or teacher 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.

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.

Organization/Representative	Date
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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.

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 ___

