Katonah-Lewisboro Union Free School District <u>APPLICATION FOR USE OF SCHOOL BUILDINGS AND/OR GROUNDS</u> Exhibit 1500-E.1

Title of Event

Date of Event

2. Organization Requesting Use:			
3. Type of Organization: (All Not for Profit orga	nizations must pr	ovide a copy of <u>IRS 50</u>	1C (3) documentation)
4. Person in Attendance and Responsible	e for Supervisio	n of Event:	
Title:	Phone	E-Mail:	
5. Organization's Key Contact: Name, Title, Phone, E-Mail and Address of Authorized Agent			
Name: Address: 6. Event Building Location: (Choose htq.)	Title: o 'ftqr 'fqy p'o g	E-Mail pw'\q'\j g'tki j \)	Phone
7. Event Location(s): (Please indicate roo	om or field by nar	me):	
			# Parking Spaces Required:
8. Event Type:		# of Attendees:	Will event be open to public?
9. Event Start Time: Note: Events must end and building users must vacate the building at least 30 minutes prior to close of building operations.			
10. Event Date(s): List all dates separate	ly; attach addition	nal sheet(s) if necessary	
EVENT DETAILS: 11. Will food or beverages be served? 12. Number of people to be served? 13. List kitchen facilities and/or equipmen		food/beverages?	If so, how much?
 14. Equipment requested of School District 15. Equipment facility user requests to brice 16. Will restrooms be requested? 17. Will there be a charge for admission of For what anticipated purpose will 18. Will a fundraiser take place? 	ng to the Event Will r a donation / con	used?	ted Amount?
19. CERTIFICATE OF INSURANCE District to be listed as additional The Owner of the Insurance Police Minimum \$1,000,000 per Occurr Rated "secured" by AM Best NY State Admitted 30-day Cancellation Primary Coverage for the District District indemnified for deductib	insured (CG2026 by and the Organi ence; \$2,000,000 t, the Board of Ed	Endorsement) or other ization requesting use m Aggregate	endorsement attached ust be identical

APPROVAL IS GRANTED. This permit is subject to cancellation in the event of conflict with school activities or for any

I hereby certify that the information provided herein is correct and that I have read and agree to abide by the KLSD Code of

other reason deemed necessary by the Board of Education and/or Superintendent of Schools.

Signature of Authorized Agent of Organization:

Conduct and all Board policies and applicable laws.

1. Application Date

Phone: Email: