



Cooperstown Central School District

Contract for Use of District Facility and/or Premises

(Requests should be submitted to the facilities coordinator at least ten (10) days before the date of use.)

Name of Applicant: _____
 Name of Organization: _____
 Telephone Number: (_____) _____ - _____

<i>Office Use Only</i>
Group Category : _____
Date Applicant Notified: _____

Address: Street (Line 1): _____
 Street (Line 2): _____
 City: _____ State: _____ Zip: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Days of Event: _____

Start Time: _____ AM / PM End Time: _____ AM / PM

Total Number of Days of Use: _____

Total Hours of Use: _____

(Please Circle One)

Facility Requested: High School Elementary School Athletic Field

Location: _____

Liability Insurance?: YES / NO

Room # (if applicable)

Admission Charge?: YES / NO

Any profit making activities? YES / NO

\$50.00 / hour x _____ hours = _____

\$35.00 / hour x _____ hours = _____

(Fee Schedule) _____ = _____

Estimated Facility Use Total:

The undersigned is over 21 years of age and has read this form, reviewed the *Facilities Use Handbook, Board of Education Facilities Use Policy Document, and Rules Governing the Use of Cooperstown Central School District Facility and/or Premises* and agrees to comply with them. The undersigned agrees to be responsible to the Cooperstown Central School District for the use and care of the facilities. The undersigned, on behalf of the organization indicated above does hereby covenant and agree to defend, indemnify and hold harmless the Cooperstown Central School District from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Cooperstown Central School District property, facilities and/or services by the organization indicated above.

(Note: The facilities coordinator will confirm availability of facility and respond within three (3) business days of receipt of this form.)

 Facilities Coordinator Date Received

 Signature of Applicant Date

Questions?

email: facilities@cooperstowncs.org

phone: 607-547-2650

 Print Name of Applicant