

IRVINGTON PUBLIC SCHOOLS SCHOOL FACILITIES REQUEST FORM

ORGANIZATION: _____ EVENT DATES: _____

TYPE OF EVENT: _____

CONTACT NAME: _____

ADDRESS: _____ TIME: _____

_____ NO. OF PARTICIPANTS: _____

TELEPHONE: _____ NO. OF SPECTATORS: _____

SCHOOL: DL _____ MSS _____ IMS _____ IHS _____ DO _____ CAMPUS _____
(Dows Lane) (Main Street) (Middle School) (High School) (District Office) (Campus Facilities)

FACILITY NEEDED: _____ PARKING LOT _____

AUDITORIUM _____ LIBRARY _____

** FIELDS _____

GYMNASIUM _____ MAHER GYM _____

CONFERENCE ROOM _____

CAFETERIA _____ CLASSROOM(S) _____

OTHER _____

** Not available at MSS

EQUIPMENT _____

PLEASE NOTE:

- * ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO THE EVENT
- * A CERTIFICATE OF INSURANCE IS REQUIRED FOR ALL NON-SCHOOL SPONSORED EVENTS
- * ALL SCHOOL SPONSORED EVENTS MUST BE APPROVED BY BUILDING PRINCIPAL OR ADMINISTRATOR
- * ALL TERMS AND CONDITIONS OF SCHOOL FACILITIES USE MUST BE ADHERED TO
- * PLEASE HAVE A SIGNED (APPROVED) COPY OF THIS FORM AVAILABLE FOR INSPECTION, UPON REQUEST DURING THE EVENT
- * SMOKING IS NOT PERMITTED ANYWHERE ON SCHOOL DISTRICT PROPERTY
- * ALCOHOLIC BEVERAGES MAY NOT BE SOLD, SERVED OR CONSUMED ANYWHERE ON SCHOOL DISTRICT PROPERTY
- * USE OF DISTRICT FIELDS "PLAY IS AT OWN RISK "

REQUESTED BY: _____ DATE SUBMITTED: _____

Sponsor(s)/Chaperone(s)

Building Principal/Administrator Approval

APPROVED: _____

Buildings & Grounds / Date

COMMENTS: _____
