

CALEDONIA-MUMFORD CENTRAL SCHOOL
99 NORTH STREET
CALEDONIA, NEW YORK 14423
(585) 538-6811

REQUEST FOR USE OF SCHOOL FACILITIES
(Please refer to District Policy and Procedures attached)

Name of organization _____
Address of organization _____
Daytime phone no. of representative _____
Signature of representative _____
Dates requested _____

Times requested _____
Facilities requested: *(Be specific)* _____
School building _____
Rooms: _____
Grounds: _____
Additional needs: _____
Purpose of request: _____
Number of people involved: _____ Head chaperone: _____
Names of chaperones: _____

SCHOOL USE ONLY

Is the calendar clear? Yes _____ No _____
Insurance certificate: _____ required _____ waived
Building/Grounds Supervisor _____ Date: _____
List conflicts, concerns, instructions: _____

Food Service Supervisor _____ Date _____
List conflicts, concerns, instructions: _____

Signature Director of Athletics _____ Date _____

THE ABOVE REQUEST HAS BEEN _____ APPROVED _____ DENIED

Copies sent to _____ District Office _____ Building Principal
_____ Food Service Sup. _____ Buildings/Grounds Sup.