Lansing Central School District  
Building Use/Athletics Request Form  
REQUEST FOR USE BY OUTSIDE ORGANIZATION

Date of This Request: ____________________________

Area Requested: ________________________________  Reserved Area With (Name): ____________________________

Date of Event: ________________________________  Time(s): ____________________________

Person Completing Request: ____________________  Phone Number: ____________________________  Email: ____________________________

Name of Organization or Activity: ________________________________

Description of Activity: ________________________________

Equipment Needed (please list): ________________________________

Name of Chaperones/Lifeguards: ________________________________

Number of Attendees: ________________________________

Set-up Completed By: ________________________________

Clean-up Completed By: ________________________________

Name of Trained Supervisor Responsible for Use & Operation of Defibrillator: ________________________________

(Please Initial)

{ } Certificate of Insurance Enclosed; the district’s liability insurance does not cover groups that are not school related. (If Certificate of Insurance is not enclosed; initial Certificate of Insurance must be dated for current school year.)

{ } I am aware that groups using the building will be billed for custodial hours, supplies, any other expenses associated with athletic supplies and for any damages incurred while the area is being used.

- Please Complete & Submit to District Office at Least (2) Two Weeks Prior to Event
- Please DO NOT Detach Copies Until Approved By All Departments

<table>
<thead>
<tr>
<th></th>
<th>Approved</th>
<th>Disapproved</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Athletic Director/Cafeteria Supervisor/Music Dept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Building Principal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Building &amp; Grounds Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Business Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To Be Completed by Building and Grounds staff on duty
Remarks Regarding Cooperation of Organization and Condition of Building/Area: _______________________________________________________

Fees for Area/Time requested: _______________________________________________________

Date: ____________________________  Signature: ____________________________

(1) District Office - White  (2) Building&Grounds - Yellow  (3) Building Principal - Pink  (4) Organization - Goldenrod

If Pool use identify Certified Lifeguard on Duty.

revised on 3/9/2012