

BUILDING USE REQUEST

Waverly Central School District

15 Frederick Street, Waverly NY 14892 ♦ PHONE (607) 565-2841 ♦ FAX (607) 565-4997
Contact Person: David Mastrantuono, Director of Management Services dmastran@gstbooces.org

Requests must be submitted at least two (2) weeks prior and not more than four (4) weeks prior. Facilities may not be requested for longer than one (1) season. Authorization to use school facilities will be granted per the district's prioritized use list.**

Name of Organization Telephone

Person Responsible (Print or Type) Signature of Person Responsible

Address Date Submitted

City State Zip Email Address

PLEASE NOTE: The Waverly Central School District reserves the right to override an approved Building Use Permit for a School District function.

Purpose of Use: _____

Building Requested: _____

Room(s): _____

Date of Use: _____ Time: From _____ To _____

Number of Persons Expected: _____

Yes or No

_____ Will a fee be charged (admission, registration, tuition, etc.) for this activity?

_____ Is this a youth related activity? Explain

_____ Is this activity for profit?

Fees: Any use of WCSD facilities for school related activities including meetings of parent groups, Booster Clubs, student organizations: no charge, provided that there is no measurable cost to the district for such use.

<u>Fee Schedule:</u> (outside groups)	<u>Season**</u>	<u>Individual Use</u>
Gyms*	\$300.00	\$50.00
Pool* (must provide own life guards)	\$400.00	\$75.00
Auditorium*	\$400.00	\$75.00
Cafeteria*	\$300.00	\$50.00
Classroom*	\$150.00	\$25.00
Stadium*		\$100 without lights \$150 with lights

Custodial rates will be in addition to building use and charged at the individual's personnel rate plus benefits for times when the building is normally closed.

**Seasons are defined as Fall, Winter, Spring, Summer

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Certificate of Insurance: Yes No (Copy Attached) Waiver of Insurance: Yes No

Damage Deposits will be as follows: (Please submit as separate payment/check)

Season: \$1000.00

Event: \$500.00

Deposit Amount Due: _____ Date Paid: _____ Check Number: _____

For outside groups: certificate of insurance, damage deposit, and facility use fee must be submitted before request will be processed.

DATE: _____ APPROVED: ____ DISAPPROVED: _____ BY: _____
DIRECTOR OF MANAGEMENT SERVICES

DATE: _____ APPROVED: ____ DISAPPROVED: _____ BY: _____
DIRECTOR OF ATHLETICS

DATE: _____ APPROVED: ____ DISAPPROVED: _____ BY: _____
BUILDING PRINCIPAL