

BUILDING USE REQUEST

Name of Organization _____

Contact Person _____

Address (if not a school organization) _____

Purpose of Activity _____

Building Requested (circle one) Jr/Sr High School Elementary School

Specific area(s) requested (check all that apply)

auditorium locker room (s) gym pool

lobby cafeteria kitchen

other (please specify) _____

Date(s) requested:	Date	Start Time	End Time
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Special Equipment Needed: _____

Custodian needed? Yes No

Advisor's Signature _____

Building Principal _____ Approved Disapproved

Superintendent _____ Approved Disapproved

- When using a Whitehall Central School District facility, please don't park in the circles.
- Please note there is no food or drink allowed in the auditorium.

Please see attached page of Guidelines for Building Use

Must supply proof of insurance indicating Whitehall CSD as additional insured, for a minimum of \$1,000,000. Please also provide certificate of insurance for compensation.