

**Manhasset Public Schools**

*Attention: Armand Markarian  
 Director of Facilities  
 200 Memorial Place  
 Manhasset, NY 11030  
 Phone: (516) 267-7720*

**FOR DISTRICT USE ONLY:**

Permit Issued: Yes  No   
 Date Entered in Schooldude: \_\_\_\_\_  
 Entered into system by: \_\_\_\_\_  
 Schooldude Reference #: \_\_\_\_\_

Application requires Supplemental Agreement:  
 Yes  No

Date: \_\_\_\_\_

**Application for Use of Meeting Space**

Please complete this form no later than 30 (thirty) days and no sooner than six (6) months prior to date requested and submit to address above.

**A. ORGANIZATION INFORMATION**

1. Name of Organization(s): \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**B. EVENT INFORMATION**

1. Facility being requested \_\_\_\_\_  
 2. Date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_ Set up Begin Time: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_ Breakdown End Time: \_\_\_\_\_  
 3. Purpose of Event /Title of Event/Activity: \_\_\_\_\_

**C. SPECIAL REQUIREMENTS** (public address, lighting, projector, etc.)? Yes  No

If yes, list type of equipment: \_\_\_\_\_

**D. INSURANCE** Attached: Yes  No

Organizations must present proof of adequate Commercial General Liability Insurance, including Occurrence Form, Premises Operations, Products Completed Operations, Contractual, Personal Injury, Owner-Contractor Protective, and Fire Damage Legal Liability Insurance. Attach a Certificate of Insurance in the amount of \$1,000,000 per occurrence, \$2,000,000 aggregate, along with an ISO endorsement CG 2026 1185, naming the Manhasset School District and the Board of Education as an additional insured. Insurance must be approved by the Deputy Superintendent for Business and the district's insurance carrier.

**E. NON-COMMERCIAL PURPOSE**

District facilities may not be used in furtherance or for the operation of a business or commercial activity.

**F. CERTIFICATION**

The undersigned, as applicant, hereby makes an application on behalf of {entity}:

I certify that I am a Manhasset School District resident.

I have read and am familiar with Public Use of School Facilities, Policy # 1500 and Regulation #1500-R, and, Public Conduct on School Property, Policy #1520, and agree that our organization will abide by them. All activities to be conducted under the Application will be limited to the approved uses set forth herein and all such activities shall be in compliance with the permissible uses of school property as set forth under Board policies. While on school grounds, Applicant and its employees, agents and/or assigns shall obey all District rules and regulations, including applicable restrictions on the use, distribution or display of commercial or promotional advertising or media, and must follow all reasonable directives of the District's administrators and employees, and shall not deny to any person participation in the use of school facilities on the grounds race, color, creed, religion, religious practice, national origin, ethnic group, disability, weight, sexual orientation, gender, gender identity, sex, age or marital status.

I understand that forty-eight (48) hour notice of cancellation must be given if the group is unable to appear. Failure to do so will incur custodial expenses as scheduled. Applicant shall not assign or otherwise transfer, delegate or subcontract any of its rights or obligations hereunder, without the District's prior written consent.

No donations or contributions may be solicited or collected on school premises, unless specific permission is requested and granted in the permit.

I understand that in the event that schools are closed, the permit will be deemed cancelled.

I understand that the approved permit must be made available for inspection by the District for the entire duration of the approved event or activity. Failure to produce the permit upon request may result in a forfeiture of Applicant's use.

By signing and submitting this application, I confirm that all information submitted is true and accurate to the best of my knowledge and belief. I acknowledge that it is a crime to make false statements on a government document, file a false instrument or steal government services. The District reserves the right to initiate civil or criminal action where appropriate, including but not limited to, fraud and/or perjury, in the event of such falsification.

**To the extent permitted by law, Applicant agrees to release, indemnify, defend and hold harmless the District, its officers, agents and employees, each in their official and individual capacities, against any and all causes of actions, claims, liabilities, losses or damages (including costs and attorneys' fees), including but not limited to bodily injury, property damage and/or third-party claims, arising out of or in connection with the requested use of District fields or facilities, and agrees to reimburse the District for any damage to or loss of school property arising from the Applicant's occupancy or use thereof.**

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**FOR DISTRICT USE ONLY:**

Date Permit Issued: \_\_\_\_\_

Manhasset Board of Education:

\_\_\_\_\_  
Signature of Director of Facilities