NASSAU BOCES APPLICATION FOR PERMIT TO USE SCHOOL PREMISES

To: District Superintendent of Schools, Nassau BOCES
Directions: Please complete this application and return it to the address listed at the bottom of the form.

Application is hereby made on behalf of ____________________________ (Name and address of organization)
for use of ____________________________ (Specify building as well as room or area.)
on _______________ 20 _______ between the hours of ____________________________ (If request is for seasonal use, indicate first and last dates.)

Purpose of this request ____________________________ (Use, participants, brief program detail.)

Is this affair open to the public? _____ Anticipated attendance _____ Admission charge ______

Proceeds to be expended for ____________________________

Equipment Required ____________________________
Other information (if necessary) ____________________________

Designated person to contact/phone in arranging details for your function: ____________________________

Agreement
The undersigned is over 21 years of age and, having read the accompanying General Regulations Governing Use of Premises of BOCES by Community Organizations, hereby agrees to comply with same and accepts liability for damages or loss and bodily injury that may occur. Certificate of Insurance must be attached to application. The undersigned understands that they will be held responsible for all custodial costs related to usage of the BOCES facility, and any other costs for maintenance and overhead deemed appropriate by Nassau BOCES, unless determined otherwise by the District Superintendent.

Supervisor's Name ____________________________ Organization ____________________________ Phone ________
Fax ________ Address ____________________________ E-mail ____________________________ Date ________

Signature of Authorized Agent for Organization ____________________________

For Nassau BOCES Office Use ONLY

Fee Waived by District Superintendent: ____________________________ Departmental approval ________
Confirmation and invoice sent __________ Date __________ Disapproval ________
Payment Received: ____________________________ Date __________
Custodian assigned: Yes ☐ No ☐ ____________________________
Other Information: ____________________________
Permit No. ____________________________ issued on ____________________________
Room condition after event ____________________________
Additional Charges that need to be billed: ____________________________ Date Billed ________ Received ________