



**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 \_\_\_\_\_

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 \_\_\_\_\_



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