

KINGS PARK CENTRAL SCHOOL DISTRICT
Kings Park, New York 11754

APPLICATION FOR USE OF THE SCHOOL DISTRICT FACILITIES

Name of Organization: KP Soccer Club

Facility requested and intended use: Ft. Salonga

Number of people anticipated: Groups of 20-30

Person in charge of group: Dan McNamara

Date(s) requested: Jan - March 3rd 4-5:30 PM

Day (s) requested: (please circle) Monday Tuesday Wednesday Thursday Friday Saturday 8 AM - 4 PM

Time (starting): 4:00 (closing): 5:30 (please circle) A.M. P.M.
8 AM 4 PM

Special arrangements or equipment requested: _____

Please Circle: Profit Group - Non Profit - Community Group - School / PFO Activity Group

Profit Groups must submit and Affidavit to the School District to turn over all profits and pay the expense for staff and Building Usage.

I have read and understand the conditions of use on the reverse side of this application. The conditions will be made known to the person in charge and my signature indicates compliance. The required Certificate of Insurance is attached to this application.

[Signature]
Signature of Applicant

1/5/07
Date

Kings Park Soccer Club
Address

(631) 757-2760 (H)
Phone No. Cell (516) 885-5690

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(School Use Only)

Additional Security - (To be determined by Building Principal)

Reason for Additional Security: _____

Liability of school district facilities and equipment as requested above is verified with the following provisions:

Smoking is NOT permitted in area approved for use.

Signature of Principal _____ Date _____

Use of the school facility as requested is: _____ disapproved _____ approved

Signature of Assistant Plant Facilities Administrator _____ Date _____

Fees charged for above facility use: _____