

Sackets Harbor Central School District  
**Request for Building Use**

*Please note: School functions will take precedence over all activities by non-school groups.*

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Class, Group or Organization involved \_\_\_\_\_

Activity and Purpose \_\_\_\_\_  
\_\_\_\_\_

Chaperones (list by name) \_\_\_\_\_  
\_\_\_\_\_

Room (s) requested \_\_\_\_\_

**Special Set Up/Equipment Needed (Be specific with amounts, number of items etc.)** \_\_\_\_\_  
\_\_\_\_\_

I/We will follow all State, local and school health and safety protocols (social distancing, PPE & cleaning/disinfecting)

\_\_\_\_ Yes, I/We provide the above assurance \_\_\_\_ No, I/We cannot provide the above assurance

Date \_\_\_\_\_ Activity Time: From \_\_\_\_\_ To \_\_\_\_\_

Time at which Room(s) will be needed \_\_\_\_\_

Substitute Required? \_\_\_\_ No \_\_\_\_ Yes Time \_\_\_\_\_

Student special needs have been addressed \_\_\_\_ Yes \_\_\_\_ No

**Important Notification:** The outside agency or group requesting building use MUST provide a certificate of liability insurance listing Sackets Harbor Central School District as additionally insured.

Agency Group Representative Signature: \_\_\_\_\_

**APPROVAL**

Please note: Form is to go to building principal first.

Building Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Copies to: Person making request, Building Principal, Cafeteria, Maintenance,  
Substitute Caller

***Outside Person/Organization must meet with Ms. Gaffney, Ms. Horack, or Mr. Kellar prior to the event for clarification purposes.***