



ALBANY LEADERSHIP CHARTER HIGH SCHOOL FOR GIRLS
Use of Facilities Request Form

(PLEASE PRINT NEATLY – ALL SPACES MUST BE FILLED IN)

Organization/Group: _____

Contact Person: _____ **Title:** _____

Phone Number: _____ **Application Date:** _____

Mailing Address: _____

(confirmation will be mailed here)

Proposed Use: *(1. Fill out all applicable items below; 2. Include all dates; 3. Be specific; 4. Use separate sheet, if necessary)*

Building/Area Requested: _____

Day/Date: _____ **Hours:** _____

Day/Date: _____ **Hours:** _____

Day/Date: _____ **Hours:** _____

The Premises will be used for: _____

Admission will / will not be charged; proceeds will be used for: _____

Number of Participants: _____

Team or Group Parent(s): _____

Set-Up Requirements and/or Special Equipment Needed: _____

INSURANCE REQUIREMENTS: An UP-TO-DATE Certificate of Insurance for your organization, listing our school district as an additional insured, must accompany this application. Permits will not be issued until we are in receipt of the proper insurance form.

I agree on behalf of the above indicated organization that all members and guests will observe all regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to Albany Leadership Charter High School for Girls property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify and hold harmless the above-named school and its officers, agents, trustees, and directors against any injury, damage or expense of any kind, to any person or property arising from, related to, or in any way connected with the use of the above described facilities by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

I have received, carefully read, and fully understand the Use of Facilities Handbook for use of the Albany Leadership Charter High School for Girls facilities. I also understand that smoking is not permitted in any portion of the Buildings or Grounds covered by this agreement.

Signature of Organization Representative (Contact Person): _____

Applicant: DO NOT WRITE BELOW

FEES: See Use of Facilities Handbook

APPROVALS:

Principal: _____

Date: _____

Athletic Director: _____

Date: _____

Business Administrator: _____

Date: _____