

**EAST RAMAPO CENTRAL SCHOOL DISTRICT-Office of Funded Programs/Permits**  
**105 SOUTH MADISON AVENUE SPRING VALLEY, NEW YORK 10977-5400**  
**Phone: 577-6030 Fax : 577-6068**

APPLICATION TO: THE BOARD OF EDUCATION

DATE\_\_\_\_\_

The undersigned hereby makes application on behalf of \_\_\_\_\_

for permission to use the \_\_\_\_\_ in \_\_\_\_\_  
(Name of school)

on the following days and dates: \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_, for the following purposes: \_\_\_\_\_  
(Time) (Time)

Number of people expected: \_\_\_\_\_. Admission charge \$\_\_\_\_\_.

Proceeds to be used for: \_\_\_\_\_.

Use of kitchen YES [ ] NO [ ]. **If you check off YES, please call for additional information.**

If said permission is granted, we hereby agree to comply strictly with the rules and regulations the Board of Education governing the use of public school buildings, to take the utmost care in the use of school property. TO PROVIDE ADEQUATE SUPERVISION and to make good any damage to or loss of school property arising from our occupancy of any portion of the building.

If permission for the use of a Field (or other outdoor area) is granted, we understand that it is the responsibility of our organization to keep the ball-fields and immediate surrounding areas clear of litter and further, **IT IS OUR RESPONSIBILITY TO PROVIDE RECEPTACLES IN WHICH TO DEPOSIT LITTER.** There shall be no illegal parking or driving on grass on school property. Alcoholic beverages are **absolutely** forbidden on school property.

Security personnel of the District will enforce strict compliance of these rules and regulations via field supervision. Permit holders in violation of said rules and regulations of the Board of Education will be subject to revocation of their permits.

If request is for regular weekly or monthly meetings, please list dates. Check school calendar before listing dates.

Sept. _____	May. _____
Oct. _____	June. _____
Nov. _____	July. _____
Dec. _____	Aug. _____
Jan. _____	Sept. _____
Feb. _____	Oct. _____
March. _____	Nov. _____
April. _____	Dec. _____

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Business \_\_\_\_\_

Mail completed application to Janet Wallack at the above address.