Greater Albany Public School District Facility Usage Request

	Event Title: Event Description:				
GREATER ALBANY PUBLIC SCHOOLS					
Organization N	ame:				
Contact Name:					
			Day Phone:		
Evening Phone:			Cell Phone:		
Billing Address	: <u></u>		City / Zip Code:		
Area/Room:			Building:		
Location:					
Event Date Star	t:		Event Date End:		
Start Time:		_	End Time:		
Set-Up Time:		am pm	Dragledown Times		
Days of the We	ek: S M T W Th F S	<u> </u>			
http://pace.osba	rmation: Insurance is requirous.org/Benefits/Articles/Servic	ce-TULIP.aspx	Coverage: Dates:	To:	
	ments: Some set up may inc	ur additional cha	arges.		
Athletic Fields:			Lighting:		
Bleachers:	1		Scoreboards:		
Climate Contro	1:				
Sound System: Chairs/Tables(n	umber):		Custodial:		
Additional Info	number):				
7 Idditional Info					
Facility Use Re	quest Approved: Yes	No]		
Office Use:					
Facility Fee:					
Misc. Charges:			Building Administrat	or:	
Total Charges:		<u></u>			

It is mutually understood in this agreement that the organization will abide by all the Greater Albany Public School District's rules governing community use of district facilities and be totally responsible and liable for their activities. The organization agrees to indemnify, defend and hold harmless the Greater Albany Public School District from any and all liability arising from any act or omission related to the use of district facilities, including, but not limited to the content or any activities occurring on district property. It is further understood that the area used will be left in an orderly condition, and that the organization will assume full responsibility for any unnecessary breakage or destruction of property beyond normal use. A Certificate of Liability Insurance in the amount of \$2,000,000 must accompany this form. Under special circumstances, the district may accept a signed Waiver of Insurance.

Date: