

Lyme Central School District
Activity / Facility Use Request Form

Submitted by: Mary Guyette Date of Request: 6/19/19

Class/Group Name Grades 1-5 Date(s) of Activity: 6/25/19

Activity: Free Recess Equipment - Mrs. Morrison is aware of this.

Start Time: 1 PM End Time: _____

Purpose: We are receiving free recess equipment

Facilities needed: *(cafeteria, gym, outdoor court, stage, etc.) Gym reminders of being heart healthy!

*Dates/approval may be subject to change depending on availability of facility area requested: _____

Bldg. Maint. Dept _____ Date _____

Equipment needed: (LCD projector, laptop, microphone, etc) None

Outside agency contact information

Name: Meg Corey

Name of Organization: American Heart Association

Name of Insurance: _____

Address: _____

Phone #: _____

Email: _____

Name of the person who has training in the use of a defibrillator Mary Guyette

Name of the person who has first aid training Mary Guyette

- Attach a schedule if using facility more than once for same request
- Submit all requests that require BOE approval 2 weeks prior to next scheduled BOE meeting
- Non-school organizations need to attach a Certificate of Insurance

For Fundraisers Only: _____

Comptroller's Signature
[Signature]
Principal

Date
6/19/19
Date

Superintendent _____

Date _____

(Superintendent's signature required for events held by Outside Agency only)

For office use only

- Add LCS Planning Calendar
- Add to website
- BOE - add to agenda

- Cafeteria
- Phys. Ed. Staff
- Main Office

- Custodial
- Groundskeeper
- Extracurricular Comptroller

Sherei
Mary

**Lyme Central School District
Activity / Facility Use Request Form**

Submitted by: Irene Sullivan Date of Request: June 21, 2019

Class/Group Name Pre-K Date(s) of Activity: August 27, 2019

Activity: Welcome to Pre-k - Night

Will need a bus at 6:45

Start Time: 6:00 pm. End Time: 7:00 pm

Purpose: To introduce students to their classroom teachers

Facilities needed: *(cafeteria, gym, outdoor court, stage, etc.) Library - chairs

set up for parents - powerpoint

*Dates/approval may be subject to change depending on availability of facility area requested: _____

Equipment needed: (LCD projector, laptop, microphone, etc) will use library

laptop and screen

Outside agency contact information	
Name:	_____
Name of Organization:	_____
Name of Insurance:	_____
Address:	_____
Phone #:	_____
Email:	_____
Name of the person who has training in the use of a defibrillator	_____
Name of the person who has first aid training	_____

- Attach a schedule if using facility more than once for same request
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- Non-school organizations need to attach a Certificate of Insurance

For Fundraisers Only: _____ Comptroller's Signature _____ Date _____

Bry Kiel
Principal

6/21/19
Date

Superintendent _____ Date _____

(Superintendent's signature required for events held by Outside Agency only)

For office use only

- | | | |
|--|--|--|
| <input type="checkbox"/> Add LCS Planning Calendar | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Add to website | <input type="checkbox"/> Phys. Ed. Staff | <input type="checkbox"/> Groundskeeper |
| <input type="checkbox"/> BOE - add to agenda | <input type="checkbox"/> Main Office | <input type="checkbox"/> Extracurricular Comptroller |

Sherri, Dina, Lydia, Eva
Irene Ariana, Cape, Mike

**Lyme Central School District
Activity / Facility Use Request Form**

Submitted by: ANN MARIE HYDE Date of Request: 6/20/19
 Class/Group Name YEARBOOK Date(s) of Activity: 9/13/19 (Friday)
 Activity: PICTURE DAY

Start Time: 6:45 Am End Time: 3PM
 Purpose: Individual School Portraits
 Facilities needed: *(cafeteria, gym, outdoor court, stage, etc.) STAGE

*Dates/approval may be subject to change depending on availability of facility area requested: _____
Bldg. Maint. Dept _____ Date _____
 Equipment needed: (LCD projector, laptop, microphone, etc) _____

Outside agency contact information

Name: _____
 Name of Organization: _____
 Name of Insurance: _____
 Address: _____
 Phone #: _____
 Email: _____
 Name of the person who has training in the use of a defibrillator _____
 Name of the person who has first aid training _____

- Attach a schedule if using facility more than once for same request
- Submit all requests that require BOE approval 2 weeks prior to next scheduled BOE meeting
- Non-school organizations need to attach a Certificate of Insurance

For Fundraisers Only: _____
Comptroller's Signature _____ Date _____
Bykus 6/21/19
 Principal Date _____

Superintendent _____ Date _____

(Superintendent's signature required for events held by Outside Agency only)

For office use only

- | | | |
|--|--|--|
| <input type="checkbox"/> Add LCS Planning Calendar | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Add to website | <input type="checkbox"/> Phys. Ed. Staff | <input type="checkbox"/> Groundskeeper |
| <input type="checkbox"/> BOE - add to agenda | <input type="checkbox"/> Main Office | <input type="checkbox"/> Extracurricular Comptroller |

Sheeri Ann Marie

Lyme Central School District Activity / Facility Use Request Form

Submitted by: ANN MARIE HYDE Date of Request: 6/20/19
 Class/Group Name _____ Date(s) of Activity: 10/18/19 (Friday)
 Activity: SCHOOL PICTURE RETAKES & GROUP PICTURE DAY
 Start Time: 6:45 AM End Time: 3PM
 Purpose: SCHOOL PICS & GROUP PICS FOR YEARBOOK
 Facilities needed: *(cafeteria, gym, outdoor court, stage, etc.) STAGE

*Dates/approval may be subject to change depending on availability of facility area requested: _____
Bldg. Maint. Dept _____ Date _____

Equipment needed: (LCD projector, laptop, microphone, etc) _____

Outside agency contact information

Name: _____
 Name of Organization: _____
 Name of Insurance: _____
 Address: _____
 Phone #: _____
 Email: _____
 Name of the person who has training in the use of a defibrillator _____
 Name of the person who has first aid training _____

- Attach a schedule if using facility more than once for same request
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For Fundraisers Only: _____

[Signature]
 Principal

Comptroller's Signature

 Date
6/21/19
 Date

 Superintendent

 Date

(Superintendent's signature required for events held by Outside Agency only)

For office use only

- | | | |
|--|--|--|
| <input type="checkbox"/> Add LCS Planning Calendar | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Add to website | <input type="checkbox"/> Phys. Ed. Staff | <input type="checkbox"/> Groundskeeper |
| <input type="checkbox"/> BOE - add to agenda | <input type="checkbox"/> Main Office | <input type="checkbox"/> Extracurricular Comptroller |

Sherril Ann Marie