

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

Submitted by: T. McIntosh Date of Request: 6/11/19  
 Class/Group Name: Sports Program Date(s) of Activity: 6/28-6/28/2020  
 Activity: Zumba Classes for Community members  
(Donation to the Varsity Club)  
 Start Time: 8:00 AM End Time: 9:00 AM (Saturdays only)  
 Purpose: exercise, feeling better about themselves, good for the  
 Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.) gym or cafeteria Community

\*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) N/A

**Outside agency contact information**

Name: Fe Seamon  
 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  
By KG 6/11/19  
 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 checked="" type="checkbox"/> BOE add to agenda | <input type="checkbox"/> Main Office     | <input type="checkbox"/> Extracurricular Comptroller |