

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

Submitted by: Eva Villien Date of Request: July 2nd 2019

Class/Group Name Nurse/ <sup>Sports</sup> Physicals Date(s) of Activity: July 24th 2019

Activity: Sports Physicals

Start Time: 5<sup>30</sup> pm End Time: 7<sup>30</sup> pm

Purpose: Physicals

Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.) Hallway out side of Nurse office + Conference Rm

\*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) 1 table 20 chairs in hallway

<b>Outside agency contact information</b>	
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:** \_\_\_\_\_

Pat Gubb  
Principal

Comptroller's Signature \_\_\_\_\_  
Date 7/2/19  
Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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

*For office use only*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Add LCS Planning Calendar | <input type="checkbox"/> Cafeteria       | <input type="checkbox"/> Custodial                   |
| <input checked="" 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 |

Lyme Central School District  
Activity / Facility Use Request Form

Submitted by: Eva Villien

Date of Request: July 2nd 2019

Class/Group Name Nurse/ <sup>Sports</sup> Physicals

Date(s) of Activity: August 14th 2019

Activity: Sports Physicals

Start Time: 5:30 pm

End Time: 7:30 pm

Purpose: Physicals

Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.)

Hallway out side of Nurse office + Conference Rm

\*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)

1 table 20 chairs in hallway

**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 ~~P~~ **Pr**andisers Only: \_\_\_\_\_

  
Principal

Comptroller's Signature \_\_\_\_\_ Date 7/2/19  
Date

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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

For office use only

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Add LCS Planning Calendar | <input type="checkbox"/> Cafeteria       | <input type="checkbox"/> Custodial                   |
| <input checked="" 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 |

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

Submitted by: T. McIntosh Date of Request: 7/10/19  
 Class/Group Name Sports Program Date(s) of Activity: ~~7/10/19~~ 8/1/19  
 Activity: Fall Sports Coaches Mtg.

Start Time: 5:00 pm. End Time: 6:00 pm.

Purpose: expectations, schedules, Frontier League paperwork,

Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.)  
Conf. Room across from the Main office.

*health  
history  
physical  
et.*

\*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: \_\_\_\_\_

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

*[Signature]*  
 Principal

7/18/19  
 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 |

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

Submitted by: T. McIntosh

Date of Request: 7/10/19  
Date(s) of Activity: ~~7/10/19~~ 8/1/19

Class/Group Name: Sports Program

Activity: Fall Sports Coaches Mtg. for Athletes & Parents along w/ AD & Coaches.

Start Time: 6:00 pm.

End Time: 7:00 p.m.

Purpose: expectations from LCS, sportsmanship, All paperwork completed, game schedule, + practice

Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.)

Cafeteria - all seats (down) - like the req. lunchroom

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

\* 10 individual chairs on the side

Bldg. Maint. Dept

Date

Equipment needed: (LCD projector, laptop, microphone, etc) for some parents.

N/A

**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

[Signature]  
Principal

7/18/19  
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

Lyme Central School District  
Activity / Facility Use Request Form

Sat. 11/16  
3rd.

Review  
7/8/19

Submitted by: T. McIntosh (Varsity Club) Date of Request: 5/28/19  
 Class/Group Name: Sports Program Date(s) of Activity: Sat, 6/15/19  
 Activity: Can & Bottle Drive/Bake Sale/Hotdogs & Drinks  
Car Wash (concessions)

Start Time: 9:00 AM End Time: 2:00 pm.  
 Purpose: raise money for the Varsity teams to go to Glens Falls.  
 Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.)  
TDS Parking Lot.

\*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: Leo Wilson  
 Name of Organization: Mark Wilson  
 Name of Insurance: ~~Jennifer Sosa~~  
 Address: ~~Jerry Morrow~~  
 Phone #: \_\_\_\_\_  
 Email: Tommy McIntosh  
 Name of the person who has training in the use of a defibrillator: "all coaches"  
 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: 5/30/19  
 Principal: [Signature] Date: \_\_\_\_\_  
 Superintendent: [Signature] Date: 7/9/19

(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 8/8/19
- Cafeteria
- Phys. Ed. Staff
- Main Office
- Custodial
- Groundskeeper
- Extracurricular Comptroller

Sherril Tammy

Lyme Central School District  
Activity / Facility Use Request Form

Submitted by: Jennifer Madeline Date of Request: 7/15/19

Class/Group Name Lyme Booster Club Date(s) of Activity: 8/9/19

Activity: Summer Musical - request to sit at/near

ticket sales to sell raffle tickets for "Best of Lyme Basket"

Start Time: Door Open End Time: End of event - people leaving

Purpose: raise money for LCSD Booster Club

Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.) table next to / or with musical ticket sales

\*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) table

<b>Outside agency contact information</b> <u>n/a</u>
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

[Signature]  
Principal

\_\_\_\_\_  
Date  
7/17/19  
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 |

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

*Varsity Club*

Submitted by: T. McIntosh Date of Request: 6/20/19  
 Class/Group Name: Sports Program Date(s) of Activity: Fri 8/30 + Sat. 8/31/2019  
 Activity: Girls V + Boys Varsity Soccer - we will use all 3 fields here @ school  
 Start Time: 9:00 Am. End Time: 12:30 p.m (both days)  
 Purpose: work on fundamentals, good practice for our teams before we actual start playing  
 Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.)  
Concessions - trailer, - Varsity Club - soccer fields

\*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)  
quill on trailer (2 tables)

**Outside agency contact information**

Name: Rob Goutheimat, Brenton Goodhart, Mr. Davis  
 Name of Organization: Boys V Girls V Tammy McIntosh  
 Name of Insurance: LaFargeville Belleville - Friday, 8/30  
 Address: Sat. 8/31 IHC General Brown  
 Phone #: TT South Jefferson  
 Email: Belleville  
 Name of the person who has training in the use of a defibrillator: "coaches"  
 Name of the person who has first aid training: "coaches"

- 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 Kib 4/24/19  
 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 |

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

Saturdays only

Submitted by: T. McIntosh Date of Request: 6/18/19  
 Class/Group Name: Varsity Club Date(s) of Activity: 9/7 - 6/6/2020  
 Activity: Yoga classes for staff & community members.

Start Time: 11:00 A.M. End Time: 12:00 p.m.  
 Purpose: exercise, relaxing techniques + bldg. relationships / good health for our community  
 Facilities needed: \*(cafeteria, gym, outdoor court, stage, etc.) Cafeteria (only)

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

Equipment needed: (LCD projector, laptop, microphone, etc) N/A Bldg. Maint. Dept \_\_\_\_\_ Date \_\_\_\_\_  
 Class Prices - 1hr.  
 \$10 - Drop-In Rate  
 \$9 - Class of 5 or 10  
 \$45 or \$90 for a pkg. of 5 or 10

**Outside agency contact information**

Name: Tanna Fleming - 315-178-7293  
 Name of Organization: \_\_\_\_\_  
 Name of Insurance: \_\_\_\_\_  
 Address: She will donate a \$1.00 per person bk. to the Varsity Club.  
 Phone #: \_\_\_\_\_  
 Email: yoga with tanna@gmail.com  
 Name of the person who has training in the use of a defibrillator \_\_\_\_\_  
 Name of the person who has first aid training (please see att'd insurance)

- 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 7/17/19  
 Principal [Signature] \_\_\_\_\_ Date \_\_\_\_\_  
 Superintendent [Signature] \_\_\_\_\_ Date 7/22/19

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

*For office use only*

Add LCS Planning Calendar     
  Cafeteria     
  Custodial  
 Add to website     
  Phys. Ed. Staff     
  Groundskeeper  
 BOE - add to agenda     
  Main Office     
  Extracurricular Comptroller



Lyme Central School District  
Activity / Facility Use Request Form

Girls V - 10/16/19  
Boys V - 10/10/19

Submitted by: T. McIntosh

Date of Request: 7/10/19

Class/Group Name: Sports Program

Date(s) of Activity: Girls V Soccer - 10/16/19  
Boys V Soccer - 10/10/19

Activity: Senior Night for Soccer Players & Parents

Start Time: 4:15 p.m.

End Time: 4:30 p.m.

Purpose: Recognize our senior soccer players + parents on our home soccer field

Facilities needed: (cafeteria, gym, outdoor court, stage, etc.)  
N/A - soccer field

\*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: \_\_\_\_\_

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

[Signature]  
Principal

7/17/19  
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 8/8

- Cafeteria
- Phys. Ed. Staff
- Main Office

- Custodial
- Groundskeeper
- Extracurricular Comptroller