



**BUFFALO TRAIL PUBLIC SCHOOLS REGIONAL DIVISION #28**

**Community Use Of Schools High Risk Activities**

**Central Services Approval**

School Name: \_\_\_\_\_

Organization/Renter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Supervisor at Event: \_\_\_\_\_ Phone: \_\_\_\_\_

Room(s) required (please list room #): \_\_\_\_\_ Equipment Required: \_\_\_\_\_

Activity Engaging in: \_\_\_\_\_

Insurance Certificate: \_\_\_\_\_ Copy attached      Instructor Certificate: \_\_\_\_\_ Copy attached

*Ex. yoga, Pilates, etc. Please refer to procedure.*

DATE REQUESTED				# OF USERS	FACILITIES/EQUIPMENT REQUESTED	Facility COST
MONTH	DAY	YEAR	TIMES			
				<b>Sub Total</b>		
				<b>Total User Costs</b>		

- High Risk Activities as per ASBIE Facility User Groups Insurance and Program 2012-2013 Rates - Additional Premium required - complete Facility User Group Application for a quote from A.S.B.I.E. or must provide proof of own insurance naming Buffalo Trail Public Schools as an additional insured.

**\*\*This form to be forwarded to Central Services at least 10 days prior to use of the school\*\***

There are to be no alcoholic beverages on the premises. However, the Board of Trustees may make an exception to this regulation by written request for Special Use Privileges at least 30 days prior to an event.

Completion of this application acknowledges responsibility on the part of the user for the orderly use of the facilities.

\_\_\_\_\_  
(Signature of **Applicant**)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Authorization of **Principal**)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Approval of Central Services)

\_\_\_\_\_  
(Date of Application)

**FOR DIRECTOR OF FACILITIES/ADMINISTRATION OFFICE USE ONLY**

DISTRIBUTION		Cancellations _____
School		Fees Received: \$ _____ Date: _____ Initials: _____
Custodian		User to be invoiced by Division Office: YES _____ NO _____
Division Office (Insurance Premium)		Additional Custodial Work Required or Damages to be Recovered?
TOTAL FEES		YES _____ Amount: \$ _____ NO _____

Original- Forward to User    Copy 2- Retain at Facility    Copy 3- Forward to Divisional Office – Attn: E/A to the Secretary-Treasurer