



BUFFALO TRAIL PUBLIC SCHOOLS REGIONAL DIVISION #28
Community Use Of Schools Low/Medium Risk Activities

School Name: _____

Organization/Renter: _____

Contact Person: _____ Business Phone: _____

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

DATE REQUESTED				Ex. yoga, Pilates, etc. Please refer to procedure.		
MONTH	DAY	YEAR	TIMES	# OF USERS	FACILITIES/EQUIPMENT REQUESTED	Facility COST
				Sub Total		
				Total User Costs		

****Refer to Policy 503BP Community Use of School Facilities & 503.1AP Admin Procedures****

Approval for low and medium risk activities only, as per ASBIE Facility User Groups Insurance and Program 2012-2013 Rates.

Principal will make arrangements for heat and custodial services through the Facilities Admin Assistant.

There are to be no alcoholic beverages on the premises. However, the Board of Trustees may make 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)

(Signature of **Principal**)

(Date of Application)

****This form to be forwarded to Central Services for retention****

Original- Forward to User Copy 2- Retain at Facility Copy 3 - Forward to Central Services – Attn: E/A to the Sec-Treasurer