

APPLICATION FOR FIRST TIME FACILITIES USER
(Do not use for Memorial Field)

Name of Organization or Individual: _____

Mailing Address: _____

Name of Contact Person: _____

Telephone Number of Contact Person: _____

E-mail Address of Contact Person: _____

If this organization is located within the boundaries of the Mamaroneck Union Free School District, please answer the following questions:

For-profit _____ Not-for-profit _____

If not-for-profit, please attach a copy of your not-for-profit certificate.

Services provided to: ___Children (18 years or under) ___Adults

Please provide a listing of members of the organization with their home addresses (e.g. roster of teams).
FAILURE TO DO SO WILL AUTOMATICALLY PUT YOU INTO GROUP 3.

**I have read and understand the fee schedule as presented and would like to continue my application for Use of Facilities at the Mamaroneck Union Free School District
YOU WILL BE BILLED FOR ALL REQUESTED TIME REGARDLESS OF USE**

HOLD HARMLESS AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Mamaroneck School District (District) for the use and care of the facilities. He/she, on behalf of (Name of Organization) _____ does hereby covenant and agree, and hereby represents that each person participating in the applicant's use of District facilities, agrees to defend, indemnify and hold harmless the District, its Board of Education, employees and staff from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of District's property, facilities and/or services by above names Organization.

Signature of Organization's Representative

Date of Application

OFFICE USE ONLY

Facilities Use: _____ Group 1

_____ Group 2

_____ Group 3