



**BUFFALO TRAIL PUBLIC SCHOOLS**  
**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
				<b>Sub Total</b>		
				<b>Total User Costs</b>		

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

Approval for low and medium risk activities only (see [503.1AP Exhibit 3](#))

**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