



BUFFALO TRAIL PUBLIC SCHOOLS
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			
				Sub Total		
				Total User Costs		

- High Risk Activities as per [503.1AP Exhibit 3](#) - Additional Premium required – Contact Central Services for an application form for our current insurer. 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	
School	
Custodian	
Division Office (Insurance Premium)	
TOTAL FEES	

Cancellations _____

Fees Received: \$ _____ Date: _____ Initials: _____

User to be invoiced by Division Office: YES _____ NO _____

Additional Custodial Work Required or Damages to be Recovered?

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