

WYNANTSKILL UNION FREE SCHOOL DISTRICT

25 East Avenue
Troy, New York 12180
Fax 518-283-3684

At the July 2016 meeting of the Board of Education, the board approved revisions to policy 1500 Public Use of Facilities and 1500-E Public Use of Facilities Fee Schedule Exhibit.

The fee schedule is as follows:

Class I School Related Groups

- Not for Profit Groups
- District associated programs such as PTA, Clubs, Community Ed. Programs

Class II Community Groups

- For Profit Groups
- Community groups within the district, local youth groups
- Majority of participants are district residents

Class III Private Groups

- For Profit Groups
- Groups I Organizations charge fees to participants
- Majority of participants are non-district residents

All payments are to be made to: Wynantskill UFSD, Attention Kyle Barber, 25 East Avenue, Troy, NY 12180.

If you have any questions, please send an email to kbarber@wynantskillufsd.org.

WYNANTSKILL UNION FREE SCHOOL DISTRICT
25 EAST AVENUE, TROY, NEW YORK 12180
FACILITIES USE REQUEST

Please complete application and return to: Wynantskill UFSD, Atten: Sharon Hillis, 25 East Avenue, Troy, NY 12180

Organization Name: St Jude's CYO Basketball

Organization Requester: Michael Buckley Telephone: 518-858-9637

Billing Address: 103 Werking Rd East Greenbush, NY 12061

Adult Providing Supervision during Use: E. Strang, K. Catman, J. McFadden, M. Buckley, M. Merola

Purpose of Use: Use Gym for basketball practices

No. of students expected: approx 10-20 per session Participation Fee Charged? ☒ yes ☐ No For Profit Group? ☐ yes ☒ No

No. of Supervising adults expected: 1-2 per every 10 students

PLEASE CHECK ONE ITEM BELOW

Class I-School Groups

- ☐ District associated programs such as: PTO, PTA, Clubs, Activities, Community Education programs and other **Not For Profit Groups**

Class II- Community Groups

- ☒ Community groups within the district, local youth groups (with a **majority of district residents**). These groups are **For Profit Groups** and/or charge registration fees to participants.

***Proof of residency of participants must be provided**

Class III-Private Groups

- ☐ Outside/Private groups comprised of a **majority of non-district residents**. These groups are **For Profit Groups** and/or charge registration fees to participants.

***Proof of residency of participants must be provided**

Note: Supervising adults are responsible to keep all participants AND non-participants inside the use area at all times.

Group's Insurance Coverage: Liability/Property Policy # 9072 Expiration Date# 7/1/2024 (please attach)

Please specify mo/day/year

Requested Dates of Use: Start Nov 6th **End** March 7th **Day(s) of Week** 3 nights (TBD)

Building Area Requested	please specify preference by using #1 or #2 for order of preference in each block			Weekend Use	Time requested
Gymnasium	<input checked="" type="checkbox"/>	5:00-7:00 PM		7:00 – 9:00 PM	
NOTE: GYM TIME CHANGE: Nov –Feb 6:30-8:00 PM & 8:00-9:30 PM					
Cafeteria		5:00-7:00 PM		7:00 – 9:00 PM	
Ball Field		5:00-7:00 PM		7:00 – 9:00 PM	
Main Lobby		5:00-7:00 PM		7:00 – 9:00 PM	

I, Michael Buckley, on behalf of St Jude's CYO Basketball (Organization Name) agree to the following:

- To be responsible for supervision of the area in use. No participants and guests are allowed to leave the area of use.
- Payment (if applicable) is due, in full, two weeks prior to scheduled use. The WUFSD reserves the right to cancel an event or activity in payment in full is not made two weeks prior to use.
- No refunds due to cancellation.
- No refunds for failure to cancel an event at least 24 hours in advance of the event.
- The WUFSD reserves the right to cancel use if in conflict with school use.

My signature below indicates that I have received a copy of Wynantskill UFSD's policy on "Public Use of Facilities" and "Public Use of Facilities Exhibit" and that I and my organization agree to abide by all provisions, rules and regulations contained herein.

MB 

Signature of Requester

10/23/23

Date

FEE SCHEDULE

Facility	Group I	Group II	Group III
Classroom	No Charge	\$5.00 Per Hour	\$10.00 Per Hour
Cafeteria	No Charge	\$10.00 Per Hour	\$20.00 Per Hour
Gym	No Charge	\$10.00 Per Hour	\$25.00 Per Hour
Ball field	No Charge	\$10.00 Per Hour	\$25.00 Per Hour
Weekend Use	\$40.00/hr	\$40.00/hr	\$40.00/hr

WYNANTSKILL UFSD BUILDING USE INFORMATION

The Wynantskill UFSD Board of Education affirms its intent to: Maintain its buildings and grounds in excellent condition; and to make those facilities available for use by organizations within and outside of the school district. Accordingly, the following policies shall govern the use of the buildings and grounds by community organizations.

PRIORITY FOR USE OF BUILDINGS AND GROUNDS

Any school sponsored activities shall have first priority for all use of buildings and grounds. Classes, games, practices, dances, meetings and any other school functions shall take precedence over the use of the District facilities.

DISCRETION BY THE SUPERINTENDENT

The Board of Education acknowledges that there may be issues related to the use of buildings and grounds not directly addressed in the policy. Therefore, it gives the Superintendent or his or her designee authority to make decisions about the use of the District's buildings and grounds consistent with the spirit and intent of this policy and in the best interests of the District.

CERTIFICATE OF LIABILITY INSURANCE REQUIREMENT

The user hereby agrees to effectuate the naming of the District as an additional insured on the user's policy. The policy naming the district as an additional insurer shall:

- Be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer
- Contain a 30 day notice of cancellation
- Must carry \$1,000,000 per occurrence Commercial General Liability Insurance

Official Use Only

CLASSIFICATION OF ORGANIZATION PER POLICY: ☐ **GROUP I** ☐ **GROUP II** ☐ **GROUP III**

Approved: _____ Denied: _____ Confirmed Date(s) _____

Total Charges (please list): Rental Fee: _____ x Hour(s) _____ = _____

Fee: _____ x Hour(s) _____ + Custodial Fee at \$ _____ per Hour = _____

Amount Due: _____ Amount Received: _____

Certificate of Insurance on File: _____

Notes: _____