

Charlotte Valley Central School District

Application for use of School District Facilities

Today's Date: 7/18/23 Date requested: 8/7/25, 7/27+8/3

Area requested: Softball field

INFORMATION ABOUT GROUP

Name of Organization of Individual: Davenport tball, baseball + Softball
Time: 6pm Supervisor in charge: Christina Losie
Mailing Address: 650 Parker Schoolhouse ext Davenport NY 13750
Telephone: (Day) 607-287-7294 (Evening) _____

INFORMATION ABOUT INTENDED USE OF SCHOOL DISTRICT FACILITIES

Purpose of Use: Softball games

Total Participants Expected: 35 Adults: 20 Children: 35

Is equipment required? Yes No

If needed, state what type and for what purpose: Please Paint Lines

Is someone properly trained for needed equipment, and if so, whom? _____

Name of AED certified provider: Christina Losie A copy of AED certification is required.

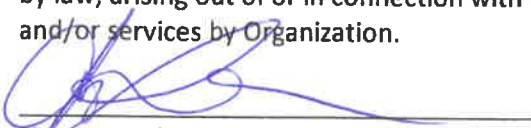
Is an admission fee charged? Yes _____ No

If so, what will proceeds be used for? _____

If refreshments are served, give details: _____

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 District for the use and care of the facilities. He/she on behalf of Christina Losie does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys 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 Organization.



Signature of Organization's Representative

Address: 650 Parker Schoolhouse ext Telephone Number: 607-287-7294

Read attached requirements and return application to:
Charlotte Valley Central School, Attention: Jennifer Plante