

110 Elwood Road, Northport, N. Y. 11768
APPLICATION FOR USE OF SCHOOL FACILITIES

ASON SWEENEY

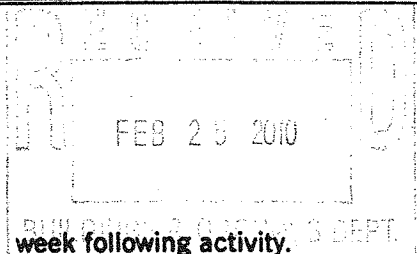
Name or Organization NORTHPORT LACROSSE CLUB Date of Application 2-3-10
 Address PO Box 366 Northport, NY 11768 Telephone No. 516 996 5564
 Name of Authorized Officer BRIAN LOEBEL Title PRESIDENT
 Name of School Desired NORTHPORT H.S. FIELD Hockey & Space desired SWEENEY Girls Field
 Date Facilities Requested MARCH 1 - JUNE 12 M-F From 5:00 AM to 8:00 AM
SATURDAY 9:00 AM to 5:00 P.M. AM
 Purpose of Event GIRLS LAX PRACTICES / NOT TO INTERFERE WITH Estimated Attendance 50-60
SCHOOL TEAMS
 Will admission fees be collected? NO Per person \$ _____ Estimated Amount \$ _____
 Will contributions be collected? NO Est. Amount \$ _____ Est. Total Income \$ _____
 Total est. costs \$ _____ Est. net proceeds \$ _____
 How will the net proceeds be used? (Explain fully) NONE

I have read and understand the provisions for the Use of Facilities. I will be present personally and supervise all activities, and I will insure that all personnel associated with this activity are out of the building by thirty minutes prior to custodial personnel going off duty unless a later time is specifically requested and approved.

Applicant [Signature]

TO BE COMPLETED BY BUILDING PRINCIPAL

Recommend Approval Disapproval
 Does Board Policy 1330 provide for waiver of fees Yes No
 Is additional insurance recommended? Yes No



Estimated costs are indicated below. Actual costs will be computed within one week following activity.

	Fee	Custodial	Security	Other	Other	Damage	Total
Estimated Costs:	_____	_____	_____	_____	_____	XXXXX	_____
Actual Costs:	_____	_____	_____	_____	_____	_____	_____

Building Principal [Signature] Date 2-24-10

TO BE COMPLETED BY THE OFFICE OF THE SUPERINTENDENT

This application is Approved Disapproved

Comments _____

For the Superintendent of Schools

By [Signature] Date 3-1-10

PROCEDURES

Principal will forward four copies to the Use of Facilities Coordinator, Office of the Superintendent. Use of Facilities Coordinator will review and indicate Approval/Disapproval. He will retain Blue copy and return three copies to the Building Principal. The Building Principal will furnish White copy to applicant. Within one week following approved activities, the Building Principal will compute costs on Pink and Yellow copies and forward Pink copy to the Accounting Department who will send numbered invoice covering charges to using organization within one week.

Final Distribution:

WHITE COPY-Applicant, BLUE COPY-Use of Facilities Coordinator, YELLOW COPY-Building Principal, PINK COPY-Accounting Dept.

NEW SEASON PULASKI

110 Elwood Road, Northport, N. Y. 11768

APPLICATION FOR USE OF SCHOOL FACILITIES

Name or Organization NORTHPORT LACROSSE CLUB Date of Application 2-3-10

Address PO Box 366 Northport, NY 11768 Telephone No. 516 996 5564

Name of Authorized Officer BRIAN LOEBIG Title PRESIDENT

Name of School Desired PULASKI RD SCHOOL Space desired LACROSSE FIELD GIRLS

Date Facilities Requested MARCH 1 - JUNE 12 From 5 PM - 8 PM A.M. to SEE BELOW A.M. P.M.

Purpose of Event GIRLS LACROSSE PRACTICES & GAMES Estimated Attendance 50-80
NOT TO INTERFERE W/ SCHOOL TEAMS

Will admission fees be collected? 0 Per person \$ _____ Estimated Amount \$ _____

Will contributions be collected? 0 Est. Amount \$ _____ Est. Total Income \$ _____

Total est. costs \$ _____ Est. net proceeds \$ _____

How will the net proceeds be used? (Explain fully) N/A

I have read and understand the provisions for the Use of Facilities. I will be present personally and supervise all activities, and I will insure that all personnel associated with this activity are out of the building by thirty minutes prior to custodial personnel going off duty unless a later time is specifically requested and approved.

Applicant [Signature]

TO BE COMPLETED BY BUILDING PRINCIPAL

Recommend Approval Disapproval

Does Board Policy 1330 provide for waiver of fees Yes No

Is additional insurance recommended? Yes No

Mondays Wednesdays
Fridays & Sundays
NOT BEFORE 11AM ON
WEEKENDS

Estimated costs are indicated below. Actual costs will be computed within one week following activity.

	Fee	Custodial	Security	Other	Other	Damage	Total
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Estimated Costs: _____

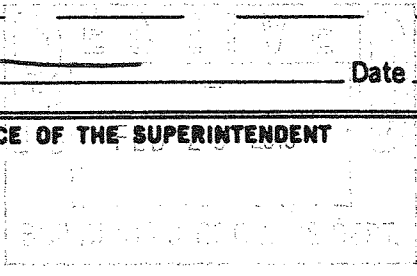
Actual Costs: _____

Building Principal [Signature] Date 2-24-10

TO BE COMPLETED BY THE OFFICE OF THE SUPERINTENDENT

This application is Approved Disapproved

Comments _____



For the Superintendent of Schools

By [Signature] Date 3-1-10

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JYS REGULAR SEASON

APPLICATION FOR USE OF SCHOOL FACILITIES

Name or Organization NORTHPORT LACROSSE CLUB Date of Application 2-3-10

Address PO Box 366 NORTHPORT, NY 11768 Telephone No. 516 996 5564

Name of Authorized Officer BRIAN LOEBER Title PRESIDENT

Name of School Desired EAST NORTHPORT MIDDLE SCHOOL Space desired SEE BELOW
FIELD INSIDE TRACK -
FIELD NEXT TO TENNIS COURTS
FIELD BETWEEN BASEBALL DIAMONDS

Date Facilities Requested MARCH 1 - JUNE 12 From M-F 5:30-8 A.M. to P.M.
SATURDAY 10-6 P.M. to P.M.
SUNDAY 10-6 (EXCEPT PATH FIELD)

Purpose of Event LACROSSE PRACTICES / GAMES Estimated Attendance _____

Will admission fees be collected? 0 Per person \$ _____ Estimated Amount \$ _____

Will contributions be collected? 0 Est. Amount \$ _____ Est. Total Income \$ _____

Total est. costs \$ _____ Est. net proceeds \$ _____

How will the net proceeds be used? (Explain fully) N/A

NOT BEFORE 11AM ON WEEKENDS!

I have read and understand the provisions for the Use of Facilities. I will be present personally and supervise all activities, and I will insure that all personnel associated with this activity are out of the building by thirty minutes prior to custodial personnel going off duty unless a later time is specifically requested and approved.

Applicant [Signature]

TO BE COMPLETED BY BUILDING PRINCIPAL

Recommend Approval Disapproval

Field Between Baseball Diamonds NOT AVAILABLE Tuesdays, Thursdays & Saturday

Does Board Policy 1330 provide for waiver of fees Yes No

- PATH FIELD NOT AVAILABLE MON, WED, FRI & SUN

Is additional insurance recommended? Yes No

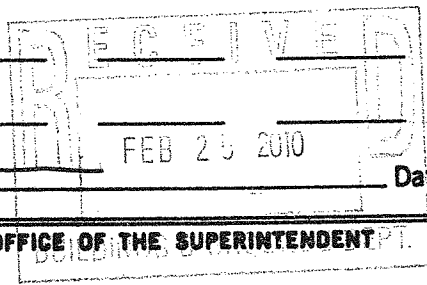
Estimated costs are indicated below. Actual costs will be computed within one week following activity.

Fee Custodial Security Other Other Damage Total

Estimated Costs: _____ xxxxx _____

Actual Costs: _____ _____ _____

Building Principal [Signature] Date 2-24-10



TO BE COMPLETED BY THE OFFICE OF THE SUPERINTENDENT

This application is Approved Disapproved

Comments _____

For the Superintendent of Schools

By [Signature] Date 3/1/10

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