

Niagara Falls City School District (NFCSD)
630-66th Street
Niagara Falls, NY 14304
Request For Use of Facilities & Grounds

Thank you for your interest in using NFCSD property for your upcoming event. Listed below are a list of conditions that pertain to the use of our building, grounds, and equipment. Please make sure you read these conditions prior to submitting your request for approval.

1. The Niagara Falls City School district policy requires 30 days prior notice for use of facility by outside groups.
2. The Niagara Falls City School District activities will take priority over requests from outside groups.
3. Use of tobacco products, consumption of alcoholic beverages, or illicit drugs on school property is **strictly forbidden**.
4. **Proof of insurance must be received with the submission of the Facilities Request Form (on back). The Insurance certificate must be valid for all dates requested – this includes all practices, competitions, rehearsals, and any date that your group will be on school grounds, and include the requirements listed in #5 below.**
5. **Use of school facilities by the applicant shall not be permitted until all insurance requirements of the school district have first been fully satisfied. \$2,000,000 General Liability Certificate of Insurance naming the Niagara Falls City School District as additional named insured for date(s) of facility and grounds usage. The use of the Niagara Falls High School facility also requires listing of the additional parties insured, City of Niagara Falls, New York Power Authority and 4455 Porter Road.**
6. **The applicant agrees to indemnify and hold the District harmless for any liability and all reasonable costs (including legal fees) that the District may incur in connection with any claims based upon the applicant’s use of the facility, including for death, personal injury or property.**
7. **Any use of the NFCSD facilities and grounds shall at all times be subject to the control and direction of the school district and its authorized representatives and may be wholly terminated and discontinued at any time without prior notice when deemed necessary or advisable for any reason by the Superintendent or Designee, Supervisor of Operations & Maintenance, the Athletic Director, or the School Administration.**
8. **Any outside group utilizing the NFCSD facilities and grounds may incur additional charges for staff. This may include charges for security, custodial, audio/visual, stadium lights, field preparation, snow removal, etc. These charges are at the discretion of the Niagara Falls City School District. Sundays and holidays rates are greater than those for Saturdays and weekdays.**
9. Use of pool facilities must be supervised by someone with current C.P.R. and Lifeguard Training Certification.
10. User must have an age appropriate adult/child ratio to provide adequate supervision of activities involving youths.
11. Use of the facilities and grounds will be cancelled on school holiday(s) and when schools are closed due to weather or other emergencies. In any event, the NFCSD shall not be liable for direct or consequential damages if, for any reason, the scheduled facilities are not made available.
12. Applicants must give at least one week notice in the event of cancelation or the group will incur all applicable charges.
13. All beverages sold during the event must adhere to the Niagara Falls City School District’s pouring rights contract with Coca-Cola. All products offered must be from the Coca-Cola product line, including bottled water (Dasani).
14. Applicants requesting use of the Performing Arts Center must schedule a production meeting with the NFHS Stage Manager at least one week prior to the event.
15. Applicants using The Performing Arts Center must refer to same as “The Performing Arts Center at Niagara Falls High School” in all advertising and programs related to the applicant’s event.
16. Applicants for The Performing Arts Center are required to submit a general information sheet containing contact phone numbers, ticket information and any other pertinent information that can be used by NFHS staff in the event of inquiries to the Main Office.

I have read, understand, and agree to the above conditions.

Signature of Applicant

Date

We would like to hear from you. Please share your experiences utilizing the NFCSD facilities and grounds by emailing Joe Bellonte at jbellonte@nfschools.net.

**Niagara Falls City School District
Niagara Falls, New York**

Office Use Only	
<input type="checkbox"/>	In House Group
<input type="checkbox"/>	Outside Group

REQUEST FOR USE OF NFCS D FACILITIES & GROUNDS

Form status: District Personnel Only: Please sign and date

Received by	Approved by Principal or Designee	Entered by	Maintenance Office	Business Office

Organization/Group _____ Contact Person _____

Street Address _____ City/State/Zip _____

Phone _____ Cell Phone _____ E-mail _____

NFHS Performing Arts Wing		NFHS & NFCS D Athletic Facilities & Grounds		NFHS Instruction Wing	
<input type="checkbox"/> Performing Arts Center <input type="checkbox"/> Dressing Rooms <input type="checkbox"/> Band/Inst. Room – 182 <input type="checkbox"/> Chorus Room – 281/282 <input type="checkbox"/> Music Room – 270 <input type="checkbox"/> PAC Lobby <input type="checkbox"/> Concessions <input type="checkbox"/> Ticket Booth <input type="checkbox"/> Blue/Yellow Cafeteria Production Needs _____ _____ _____		<input type="checkbox"/> Main Arena <input type="checkbox"/> Auxiliary Gym <input type="checkbox"/> Natatorium <input type="checkbox"/> Dressing Rooms <input type="checkbox"/> Pilates Room – 160 <input type="checkbox"/> Indoor Track <input type="checkbox"/> Physical Education Classroom <input type="checkbox"/> Concessions/Ticket Booth <input type="checkbox"/> Red/Green Cafeteria <input type="checkbox"/> Sal Maglie Field <input type="checkbox"/> Nicoletti Field <input type="checkbox"/> Manning Field <input type="checkbox"/> Softball Field <input type="checkbox"/> Baseball Field <input type="checkbox"/> Soccer Field <input type="checkbox"/> Lacrosse Field <input type="checkbox"/> LaSalle Prep Field <input type="checkbox"/> Parking Lot <input type="checkbox"/> Outdoor Track		<input type="checkbox"/> Library <input type="checkbox"/> Teacher Cafeteria Amphitheatre (s) <input type="checkbox"/> North <input type="checkbox"/> South Number of Classrooms Requested _____ Classroom(s) Requested _____ _____ Needs _____ _____	
				Request for all other NFCS D Facilities & Grounds	
				School Name _____	
				Room(s) Requested _____	
Date(s)	Day(s) of Week	Times (Beginning & Ending)	Total Attending	Type of Event (Practice, Rehearsal, Performance, Meeting, Sport, Competition, etc.)	
Please list any Technology and/or Audio/Visual needs for all requests in the space provided					

District Personnel Comments: _____

This Section is to be completed by the District Personnel for the Business Office.

Certificate of Insurance Expiration Date _____

Life-Saving Personnel	Lifeguard Cert. Expiration Date	C.P.R. Cert. Expiration Date

Applicable Charges and/or fees:

No. Required	Job Title	Estimated Rate	
		Hours	Rate
	HVAC		
	Grounds		
	Custodial		
	AV Technician		
	Security		
	Other		

Note: If snow removal is needed these rates increase on Sundays & holidays.
