

CITY SCHOOL DISTRICT OF NEW ROCHELLE  
FACILITIES DEPARTMENT  
515 North Avenue, New Rochelle, NY 10801  
USE OF FACILITIES APPLICATION

ENTERED  
6/16/17

Name of Organization: NEW ROCHELLE AQUATIC CLUB Telephone #: 914 262 2350

Is this a profit making organization (Please circle one) Y  N

Address: PO BOX 125 City: LARCHMONT State: NY Zip: 10538

Name of Applicant: KIP FIERRO Telephone #: 914 262 2350  
(Please Print)

Address: PO BOX 125 City: LARCHMONT State: NY Zip: 10538

School Requested: NRHS Area/Room(s): Requested POOL

Type of Event: SWIM LESSONS

Date(s) of Event: SUN. MON. TUE. WED. THURS. FRI. SAT. JULY 8, 15, 22, 29  
Please circle day/s of the week Month/Day/Year or (Date Range)

Time Event Begins: 9:00 am Time Event Ends: 11:00 am

Rehearsal or Set up Date/Time: \_\_\_\_\_

Anticipated Attendance: Adults: 10 \*Children: 40

\*ADULT SUPERVISION IS REQUIRED FOR CHILDREN IN ATTENDANCE

Will there be an admission charge? (Please circle one) Y/N If yes, how much: \$ \_\_\_\_\_

PLEASE PROVIDE ON A SEPARATE SHEET A STATEMENT OF EVENT RECEIPTS, EXPENSES, PROFITS IF ANY, AND HOW THEY WILL BE UTILIZED.

Name of organization profits will be donated to: \_\_\_\_\_

List below all custodial services required for the event: (i.e., table set up, bleachers, cleanup, lights, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application: MAY 17, 2017 Signature of Applicant: Stephen Young

CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY SCHOOL DISTRICT OF NEW ROCHELLE AS ADDITIONALLY INSURED IS REQUIRED BEFORE EVENT DATE

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Number of Custodian(s): \_\_\_\_\_ Time Custodian(s) Report to Duty: Start \_\_\_\_\_ End \_\_\_\_\_

Number of Security \_\_\_\_\_ Time Security Report to Duty: Start \_\_\_\_\_ End \_\_\_\_\_

Comments: \_\_\_\_\_

Principal's Signature: [Signature] Date: 5/11/17 Carl T. [Signature] Date: 6/27/17

Bruce Danfele, Dir. of Security: [Signature] Date: \_\_\_\_\_ Michael [Signature] Custodian's Signature Date: 6/6/17

Jeffrey White, Asst. Supt. for Business/Administration Date: \_\_\_\_\_ Stephen Young Date: 5/27/17  
\* Stephen B. Young, Dir. of Athletics

\*FOR ALL FIELD AND GYM USE, MR. YOUNG'S SIGNATURE IS REQUIRED. PERMITS NOT VALID WITHOUT THE SCHOOL DISTRICT'S APPROVAL, SIGNATURES AND CERTIFICATE OF LIABILITY INSURANCE