



**APPLICATION FOR PUBLIC USE OF NASSAU BOCES FACILITIES**

**A minimum of 20 days' notice is necessary to schedule building use.**  
**Permits will only be granted for dates listed on the application.**

Organization: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Return completed application to:** Kelly Piazza  
Nassau BOCES  
71 Clinton Road  
Garden City, NY 11530

For use of the: \_\_\_\_\_ at \_\_\_\_\_  
(name/type of space)

**Check one:**  
\_\_\_\_\_ Barry Tech  
\_\_\_\_\_ Farber Administrative Center  
\_\_\_\_\_ Jerusalem Avenue School  
\_\_\_\_\_ Long Island HS for the Arts (LIHSA)  
\_\_\_\_\_ Lupinskie Center  
\_\_\_\_\_ Rosemary Kennedy Center  
\_\_\_\_\_ Seaman Neck School  
\_\_\_\_\_ Other: \_\_\_\_\_

Between \_\_\_\_\_ AM/PM and \_\_\_\_\_ AM/PM, on the dates of \_\_\_\_\_

We expect \_\_\_\_\_ adults and \_\_\_\_\_ children. If using LIHSA, arrival time \_\_\_\_\_ AM/PM and performance time \_\_\_\_\_ AM/PM.

1. Purpose of use: \_\_\_\_\_

2. Guest Speaker: \_\_\_\_\_ Yes \_\_\_\_\_ No: If yes, provide name: \_\_\_\_\_

3. List number of rooms requested: \_\_\_\_\_

4. If using LIHSA, please specify all rehearsal and performance date(s): \_\_\_\_\_

Arrival time for each: \_\_\_\_\_ Departure time for each: \_\_\_\_\_

5. Does your organization intend to make use of any special equipment or require specific personnel (decorations, pianos, computers, projectors, stage manager, sound technician, info tech specialist, etc.)? State all details: \_\_\_\_\_

6. What special arrangements have been made by your organization for proper supervision and control of event (parking, building, audience supervision, etc.)? \_\_\_\_\_

7. Will event be open to the public? \_\_\_\_\_ Yes \_\_\_\_\_ No

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8. Is an admission fee to be charged? \_\_\_\_\_ State amount: \_\_\_\_\_ Are proceeds to be used for educational or charitable purposes?  
\_\_\_\_\_ Yes \_\_\_\_\_ No: If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_
9. Will any other organization/vendor, other than the applicant, be utilizing the facility as part of this permit application?  
\_\_\_\_\_ Yes \_\_\_\_\_ No: If yes, applicant MUST attach to this application a complete list of all parties/organizations providing services and/or hosting the event. Each organization/vendor, etc. MUST submit their own application and insurance for approval.
10. It is understood that your organization will accept responsibility for school property and liability for any damage and will immediately notify Anthony Fierro, Executive Director of Facilities Services at 516-396-2000 in the event of any damage to a Nassau BOCES facility.
11. A 25% deposit is required to ensure reservation of space. I have read and understand the Public Use of Nassau BOCES Facilities FY 2019/20 Fee Schedule and acknowledge responsibility for all necessary charges to utilize the space requested. [Fee Schedule](#)
12. I have read and understand Regulation 1500R and agree to abide by all conditions stated therein. [Regulation 1500R](#)
13. I have included the required Certificate of Insurance and Additional Insured endorsement with this application, in accordance with Regulation 1500R.

## [Indemnification and Hold Harmless Agreement](#)

### **WE HAVE READ THE ABOVE AND AGREE TO ABIDE BY ALL CONDITIONS STATED HEREIN**

Name of Applicant: \_\_\_\_\_  
Print Signature

Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **THIS FORM MUST BE SIGNED BY AN AUTHORIZED AGENT OF THE ORGANIZATION**

#### **FOR BOCES USE ONLY:**

Charges for use of facilities shall be made as follows:

Exempt: \_\_\_\_\_

Deposit Amount Received: \_\_\_\_\_

Program Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Anthony Fierro  
Executive Director of Facilities Services

\_\_\_\_\_  
James Widmer  
Associate Superintendent for Business Services