

**Ellicottville Central School  
In-House Use Form  
Activity / Fundraising / Field Trip Request Form**

Date of Request: \_\_\_\_\_

Name of Group/Class/Organization: \_\_\_\_\_

Activity/Fundraiser/Field Trip Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Class or Organization Officer: \_\_\_\_\_

Advisors / Teachers: \_\_\_\_\_  
\_\_\_\_\_

Chaperones: \_\_\_\_\_  
\_\_\_\_\_

**No Chaperone is to leave the building (function)  
until the last student is gone.**

Security: **YES** **NO** (please circle one) (List Name): \_\_\_\_\_  
\_\_\_\_\_

Trained AED Person: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

**APPROVAL (PLEASE INITIAL)**

Student Council Advisor: \_\_\_\_\_

**Routing:** Superintendent: \_\_\_\_\_ MS/HS Principal: \_\_\_\_\_

Elem. Principal: \_\_\_\_\_ AD: \_\_\_\_\_

Supt. of Bldg. & Grounds: \_\_\_\_\_ Cafeteria: \_\_\_\_\_

Other: \_\_\_\_\_

RETURN COMPLETED FORM TO: High School Secretary

White – MS / HS Principal      Blue – Organization

Pink – Custodial      Yellow – Superintendent      Green – Student Council

**PLEASE NOTE:** IN THE EVENT THAT DAMAGE IS DONE TO PROPERTY OR ITEMS  
MISSING FROM THIS FACILITY, YOUR GROUP / ORGANIZATION WILL BE  
RESPONSIBLE FOR PAYMENT OF LOSS.