

**Miller Place Union Free School District**  
**APPLICATION FOR PUBLIC USE OF SCHOOL FACILITIES**

7000-E

Submit to: Patricia A. Morbillo, District Office  
 275 Route 25A, Suite 43, Miller Place, NY 11764  
 (631) 474-2700 ex. 264  
[pmorbill@millerplace.k12.ny.us](mailto:pmorbill@millerplace.k12.ny.us)  
 fax (631) 331-8832

Organization Name: MP GIRLS YOUTH LACROSSE Purpose: PRACTICES  
 Applicant's Name: DIEGO CORTES, TOWN DIRECTOR Phone: 631-273-5485  
 Address: PO BOX 6090 MP NY 11764 E-mail: INFO@MPLAX.COM

Facility Requested	# Of Attendees	Date(s)	Time
MPHS GIRLS VARSITY LACROSSE FIELD AND ADJACENT PRACTICE FOOTBALL FIELD	NINE TEAMS	MARCH 10, 2014 TO JUNE 13, 2014 MON - FRI, SAT	M-F 530-800PM * SAT 12-8PM *

Special Requests: \_\_\_\_\_

\* TO BE COORDINATED W/ COACH FINN

Admission Charge / Participation Fee \$ \_\_\_\_\_ Proceeds used for: \_\_\_\_\_

My signature below certifies that I have received, read, and understand copies of Board policies 1530 and 7000, as well as section XIV of policy 5310.04.

A current, accurate, complete roster of active members in good standing in our organization is attached and evidences our status as a:  
 Community Group  Non-Community Group

If this application is granted and a permit issued, we agree to comply with all the rules and regulations of the Board of Education governing the use of school facilities; not to deny to any person participation in the use of school facilities on the grounds of race, color, creed, religion, national origin, gender, age, marital status, or disability; to take the utmost care in the use of school property; to provide adequate adult supervision at all times; and to make good any and all claims, damages, or causes of action for damages arising from our use of school facilities and will indemnify the school district facilities. Non-compliance of said policies, rules and regulations will result in immediate revocation of this permit and immediate dismissal from school district premises.

Date: Feb 20, 2014

Applicant's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**PERMIT FOR PUBLIC USE OF SCHOOL FACILITIES**

\* This section to be completed by Miller Place School District Designee

<b>Organization</b>			
<b>Permit Holder</b>		<b>Telephone</b>	
<b>Facility</b>			
<b>Date(s)</b>		<b>Time</b>	

ACCEPTED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS \_\_\_\_\_

This permit is valid only when signed by the Superintendent of Schools or Designee and then only as specified above. The permit holder must carry this permit and a photo I.D. on his/her person at all times while on school district property and must show this permit and photo I.D. to any and every school district employee upon request.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Designee

**Miller Place Union Free School District**  
**APPLICATION FOR PUBLIC USE OF SCHOOL FACILITIES**

7000-E

Submit to: Patricia A. Morbillo, District Office  
 275 Route 25A, Suite 43, Miller Place, NY 11764  
 (631) 474-2700 ex. 264  
[pmorbill@millerplace.k12.ny.us](mailto:pmorbill@millerplace.k12.ny.us)  
 fax (631) 331-8832

Organization Name: MP GIRLS YOUTH LACROSSE Purpose: GAMES  
 Applicant's Name: DIEGO CORTES, JUNIOR DIRECTOR Phone: 237-5485  
 Address: PO BOX 6090 MP NY 11764 E-mail: INFO@MPLAX.COM

Facility Requested	# Of Attendees	Date(s)	Time
<u>MPLS GIRLS VARSITY LAX FIELD</u>	<u>NINE TEAMS</u>	<u>MARCH 23 - JUNE 8 SUNDAYS ONLY</u>	<u>8AM-8PM</u>

Special Requests: \_\_\_\_\_  
 \_\_\_\_\_  
 Admission Charge / Participation Fee \$ \_\_\_\_\_ Proceeds used for: \_\_\_\_\_

My signature below certifies that I have received, read, and understand copies of Board policies 1530 and 7000, as well as section XIV of policy 5310.04.

A current, accurate, complete roster of active members in good standing in our organization is attached and evidences our status as a:  
 Community Group  Non-Community Group

If this application is granted and a permit issued, we agree to comply with all the rules and regulations of the Board of Education governing the use of school facilities; not to deny to any person participation in the use of school facilities on the grounds of race, color, creed, religion, national origin, gender, age, marital status, or disability; to take the utmost care in the use of school property; to provide adequate adult supervision at all times; and to make good any and all claims, damages, or causes of action for damages arising from our use of school facilities and will indemnify the school district facilities. Non-compliance of said policies, rules and regulations will result in immediate revocation of this permit and immediate dismissal from school district premises.

Date: FEB 20, 2014 Applicant's Signature: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_

**PERMIT FOR PUBLIC USE OF SCHOOL FACILITIES**

\* This section to be completed by Miller Place School District Designee

<b>Organization</b>			
<b>Permit Holder</b>		<b>Telephone</b>	
<b>Facility</b>			
<b>Date(s)</b>		<b>Time</b>	

ACCEPTED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS \_\_\_\_\_

This permit is valid only when signed by the Superintendent of Schools or Designee and then only as specified above. The permit holder must carry this permit and a photo I.D. on his/her person at all times while on school district property and must show this permit and photo I.D. to any and every school district employee upon request.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Designee