



# ARLINGTON CENTRAL SCHOOL DISTRICT

144 Todd Hill Road  
LaGrangeville, NY 12540

Voice 845-486-4860 • Fax 845-350-4214

## Use of Facility Registration Form Groups 5, 6, 7

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

Organization: \_\_\_\_\_

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

School District your Organization Resides in: \_\_\_\_\_

Number of Arlington Students in Organization: \_\_\_\_\_  
(if applicable)

Contact Person: \_\_\_\_\_  
(Please indicate if you are the "owner" or "representative" and your title.)

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

Non-Profit Organization Number 501 (c) (3): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

A registration form must be filled out by Groups 5, 6 and 7 (see 1500-R Public Use of School Facilities Regulations for group category explanation on [www.arlingtonschools.org](http://www.arlingtonschools.org)) before submitting a Use of Facility Request.

This registration form must be returned to the Arlington Central Administrative Office before an application for use of Arlington facilities can be processed. Please note that this registration does not guarantee a facility booking.

Please make return with this form to:

**Use of Facilities**  
**Arlington Central School District**  
**144 Todd Hill Road**  
**LaGrangeville, NY 12540**

*I agree to the terms stated on this Use of Facility Registration Form.*

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

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