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) 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: ________________________________