

NORTHPORT-EAST NORTHPORT UNION FREE SCHOOL DISTRICT
158 Laurel Avenue, Northport, New York 11768

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16-350

RECEIVED
APPLICATION FOR NOT-FOR-PROFIT USE OF SCHOOL FACILITIES

MAR 06 2019

Organization name NORTHPORT CBN HARBOR SOCCER Date of Application 1-18-19

Address of Organization or Authorized Representative 237 LAUREL ROAD EAST NORTHPORT

Telephone No. 631-754-5631 E-mail JOHNSGARD@OPTONLINE.NET

Name of Authorized Representative JOHN SCHWARTZ Title FIELD SCHEDULE

Facility requested PULASKI ROAD SCHOOL Portion(s) of facility requested ATHLETIC FIELD

Date(s) facility requested 3/10/19 - 6/16/19 From 5:00-8:00 a.m./p.m. To 5:00-8:00 a.m./p.m.

Purpose of event SOCCER PRACTICE GAMES Attendance estimated (participants, audience and staff) _____

Description of all activities _____

Authorization of individual making application on behalf of organization or entity? Yes No _____

Individual making application a resident of, or employed by, the School District? Yes No _____

Participant residency Are at least fifty percent (50%) of anticipated participants in proposed activity School District residents? Yes No _____

(Documentation may be required in the form of a complete roster including the names, home addresses, and contact phone number of all participants.)

Participation fees What per person enrollment, set-up, license and/or other fees are proposed to be charged to participate in the activity? _____

Attendance fees What per person admission, spectator and/or other fees are proposed to be charged to observe or attend the activity? _____

Other revenues anticipated (identify each source and amount, use separate sheet if necessary) _____

Gross revenues anticipated to be collected (enrollment, admission, entrance, set-up, license fees from all sources)? _____

Total anticipated expenses of the use (charges, fees, commissions and salaries to be paid and/or equipment or supplies to be purchased? (identify each payee, purpose and amount; use separate sheet(s) if necessary)

Wednesday	6:00 - 8:00 pm	_____
Thursday	6:00 - 8:00 pm	_____
Saturday	5:00 - 8:00 pm	_____
Sunday	5:00 - 8:00 pm	_____
Total		_____

Application of any surplus of receipts over expenses (including any donation to the District) _____

Who will be responsible for providing supervision, security, crowd control and litter control/pickup? _____

How will the applicant provide for supervision, security, crowd control and litter control/pickup? _____

NORTHPORT-EAST NORTHPORT UNION FREE SCHOOL DISTRICT
158 Laurel Avenue, Northport, New York 11768

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12-345

APPLICATION FOR NOT-FOR-PROFIT USE OF SCHOOL FACILITIES

RECEIVED
MAR 05 2019

Organization name NORTHPORT COW HARBOR SOCCER Date of Application 1-18-19

Address of Organization or Authorized Representative 237 LAUREL ROAD EAST NORTHPORT

Telephone No. 631-754-5631 E-mail JOHNS.CARROLL@OPTON1.INS.NET

Name of Authorized Representative JOHN SCHWARTZ Title FIELD MANAGER

Facility requested 5TH AVE GYMNASIUM Portion(s) of facility requested BACK FIELD

Date(s) facility requested 3/18/19 14 WEEKDAYS AFTER SCHOOL 4:00 - 8:00pm
2-19-19 6-20-19 SAT 10-3AM From 4:00 a.m./p.m. To 8:00 a.m./p.m.

Purpose of event SOCCER PRACTICE GAMES Attendance estimated (participants, audience and staff) see below

Description of all activities _____

Authorization of individual making application on behalf of organization or entity? Yes No

Individual making application a resident of, or employed by, the School District? Yes No

Participant residency Are at least fifty percent (50%) of anticipated participants in proposed activity School District residents? Yes No

(Documentation may be required in the form of a complete roster including the names, home addresses, and contact phone number of all participants.)

Participation fees What per person enrollment, set-up, license and/or other fees are proposed to be charged to participate in the activity? _____

Attendance fees What per person admission, spectator and/or other fees are proposed to be charged to observe or attend the activity? _____

Other revenues anticipated (identify each source and amount, use separate sheet if necessary) _____

Gross revenues anticipated to be collected (enrollment, admission, entrance, set-up, license fees from all sources)? _____

Total anticipated expenses of the use (charges, fees, commissions and salaries to be paid and/or equipment or supplies to be purchased? (identify each payee, purpose and amount; use separate sheet(s) if necessary) _____

Monday - Friday: 4:00 - 8:00pm
Saturday: 12:00 - 8:00pm
Sunday: 11:00 - 8:00pm
Total _____

Application of any surplus of receipts over expenses (including any donation to the District) _____

Who will be responsible for providing supervision, security, crowd control and litter control/pickup? _____

How will the applicant provide for supervision, security, crowd control and litter control/pickup? _____

NORTHPORT-EAST NORTHPORT UNION FREE SCHOOL DISTRICT
158 Laurel Avenue, Northport, New York 11768

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No call plus blackout dates
6/15

RECEIVED
MAR 05 2019
SCHOOL DISTRICT OF NORTHPORT

APPLICATION FOR NOT-FOR-PROFIT USE OF SCHOOL FACILITIES

Organization name NORTHPORT COLLEGE HARBOR SOCCER Date of Application 1-18-19

Address of Organization or Authorized Representative 237 LAUREL ROAD EAST NORTHPORT

Telephone No. 631-754-5631 E-mail JOHNSGARRAS@NORTHPORTUNION.NET

Name of Authorized Representative JOHN SCHWARTZ Title FIELD SCHEDULE

Facility requested LARKFIELD FIELD Portion(s) of facility requested GRASS FIELD
WEEKDAYS AFTER SCHOOL - TILL DARK

Date(s) facility requested 2-1-19 TO 6-30-19 From 6 a.m./p.m. To 8 a.m./p.m.
MARCH 18, 2019 - 6/16/19 SAT 10:00 DARK SUN 11:00 DARK

Purpose of event SOCCER PRACTICE-GAMES Attendance estimated (participants, audience and staff) 800pm

Description of all activities _____

Authorization of individual making application on behalf of organization or entity? Yes No _____

Individual making application a resident of, or employed by, the School District? Yes No _____

Participant residency Are at least fifty percent (50%) of anticipated participants in proposed activity School District residents? Yes No _____

(Documentation may be required in the form of a complete roster including the names, home addresses, and contact phone number of all participants.)

Participation fees What per person enrollment, set-up, license and/or other fees are proposed to be charged to participate in the activity? _____

Attendance fees What per person admission, spectator and/or other fees are proposed to be charged to observe or attend the activity? _____

Other revenues anticipated (identify each source and amount, use separate sheet if necessary) _____

Gross revenues anticipated to be collected (enrollment, admission, entrance, set-up, license fees from all sources)? _____

Total anticipated expenses of the use (charges, fees, commissions and salaries to be paid and/or equipment or supplies to be purchased? (identify each payee, purpose and amount; use separate sheet(s) if necessary) _____

_____ Total _____

Application of any surplus of receipts over expenses (including any donation to the District) _____

Who will be responsible for providing supervision, security, crowd control and litter control/pickup? COACHES

How will the applicant provide for supervision, security, crowd control and litter control/pickup? COACHES

NORTHPORT-EAST NORTHPORT UNION FREE SCHOOL DISTRICT
158 Laurel Avenue, Northport, New York 11768

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21-359

APPLICATION FOR NOT-FOR-PROFIT USE OF SCHOOL FACILITIES

RECEIVED
MAR 05 2019
See days below

times below NO 6:00 plus Blackout dates

Organization name NORTHPORT COU HARBOR SWIMMER Date of Application 1-18-19

Address of Organization or Authorized Representative 237 LAUREL ROAD EAST NORTHPORT

Telephone No. 631-754-8631 E-mail JOHN.SCHWABER@OPTONLINE.NET

Name of Authorized Representative JOHN SCHWABER Title FIELD SWIMMER

Facility requested EAST NORTHPORT MIDDLE SCHOOL Portion(s) of facility requested ATHLETIC AREA

DATE AREAS AVAILABLE WEEKDAYS AFTER SCHOOL SOCCER FIELD

Date(s) facility requested 3/18-19 6/30-19 SAT 10-11/19 From _____ a.m./p.m. To _____ a.m./p.m.

Purpose of event SOCCER PRACTICE GAMES Attendance estimated (participants, audience and staff) 5 TIMES BELOW

Description of all activities _____

Authorization of individual making application on behalf of organization or entity? Yes X No _____

Individual making application a resident of, or employed by, the School District? Yes X No _____

Participant residency Are at least fifty percent (50%) of anticipated participants in proposed activity School District residents? Yes X No _____

(Documentation may be required in the form of a complete roster including the names, home addresses, and contact phone number of all participants.)

Participation fees What per person enrollment, set-up, license and/or other fees are proposed to be charged to participate in the activity? _____

Attendance fees What per person admission, spectator and/or other fees are proposed to be charged to observe or attend the activity? _____

Other revenues anticipated (identify each source and amount, use separate sheet if necessary) _____

Gross revenues anticipated to be collected (enrollment, admission, entrance, set-up, license fees from all sources)? _____

Total anticipated expenses of the use (charges, fees, commissions and salaries to be paid and/or equipment or supplies to be purchased? (identify each payee, purpose and amount; use separate sheet(s) if necessary)

Mon/Tues/Wed/Thurs/Fri: 6:00 - 8:00pm

Saturday: 9:00 - 11:00pm

Total _____

Application of any surplus of receipts over expenses (including any donation to the District) _____

Who will be responsible for providing supervision, security, crowd control and litter control/pickup? _____

How will the applicant provide for supervision, security, crowd control and litter control/pickup? _____