



# APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES AND GROUNDS

ALL INFORMATION MUST BE FURNISHED BEFORE APPLICATION CAN BE PROCESSED. FEES MUST BE PAID TEN WORKING DAYS PRIOR TO SCHEDULE EVENT. MAKE CHECK PAYABLE TO FAIRFAX COUNTY PUBLIC SCHOOLS AND MAIL TO: FCPS COMMUNITY USE OFFICE, 10640 PAGE AVENUE, FAIRFAX, VA 22030. APPLICATION MUST BE FILED WITH THE SCHOOL PRINCIPAL NOT LESS THAN 15 WORKING DAYS BEFORE INTENDED USE.

1. School requested (name) \_\_\_\_\_

2. Activity date(s) Building to open Building to closed  
 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

3. Individual or organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 (street) (county or city) (state) (zipcode)  
 Phone \_\_\_\_\_  
 (office) (home)  
 E-mail address \_\_\_\_\_

4. Type of activity \_\_\_\_\_

5. Will you attend?  Yes  No If no, who will be in charge?  
 \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

6. Name of chaperons (one required for every 25 children) who have agreed to supervise this activity (list two):  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

\*7. Is organization a nonprofit?  Yes  No

8. Is there a third-party contract or arrangement with a profit-making individual or organization?  Yes  No  
 Name of individual or organization \_\_\_\_\_

9. Does the user collect fees?  Yes  No  
 Admission: Adults \$ \_\_\_\_\_ Children \$ \_\_\_\_\_ Couples \$ \_\_\_\_\_  
 Dues: Monthly \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_  
 Donations \$ \_\_\_\_\_ Advertisement \$ \_\_\_\_\_  
 Others (specify) \$ \_\_\_\_\_

10. NUMBER OF PEOPLE PROJECTED TO ATTEND: \_\_\_\_\_

11. Requirements (specify)

<u>RENTAL</u>	<u>PERSONNEL</u>	<u>SPECIAL EQUIPMENT/SERVICE</u>
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Activities supervisor	_____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Athletic event worker	_____
<input type="checkbox"/> Cafeteria w/kitchen	<input type="checkbox"/> Cafeteria staff	_____
<input type="checkbox"/> Classroom(s) _____	<input type="checkbox"/> Custodian	_____
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Faculty supervisor	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Maintenance or sound technician	_____
	<input type="checkbox"/> Student Technician	_____

12. Addendum attached?  Yes  No

13. Comments \_\_\_\_\_

The undersigned agrees that he or she is familiar with, and will abide by, the current version of FCPS Regulation 8420. The undersigned also agrees that he or she is authorized to sign below on behalf of any organization listed in item 3, and that such organization will be liable for any and all claims, damages, or expenses resulting from use of the school facility, including, but not limited to, damages to School Board property and costs, attorney's fees, expenses or damages resulting from the user's failure to comply with this agreement or any federal, state, or local law, regulation, or other requirement. The undersigned shall be personally liable for such obligations in the event that there is no organization listed in item 3, any such organization is not a valid legal entity, or any such organization is otherwise unable to pay. The undersigned shall ensure the prompt and proper adjustment of all such claims.

(signature) (position) (date)  
\*Not applicable for individuals.  
**NOTE:** When schools are closed because of inclement weather, all facilities use is canceled. Users are responsible for notifying their memberships.

## CALCULATION OF FEES BY SCHOOL PERSONNEL

1. RENTAL

	No.	x	Hrs.	x	Fee	=	\$
a. Auditorium	_____		_____		_____		_____
b. Cafeteria	_____		_____		_____		_____
c. Cafeteria w/kitchen	_____		_____		_____		_____
d. Classroom(s)	_____		_____		_____		_____
e. Gymnasium	_____		_____		_____		_____
f. Other	_____		_____		_____		_____
							Subtotal \$ _____

2. PERSONNEL

a. Activities supervisor	_____		_____		_____		_____
b. Athletic event worker	_____		_____		_____		_____
c. Cafeteria staff	_____		_____		_____		_____
d. Custodian	_____		_____		_____		_____
e. Financial clerk	_____		_____		_____		_____
f. Maintenance technician	_____		_____		_____		_____
g. Sound technician	_____		_____		_____		_____
h. Student technician	_____		_____		_____		_____
i. Other	_____		_____		_____		_____
							Subtotal \$ _____

3. SPECIAL FEES

a. _____	_____		_____		_____		_____
b. _____	_____		_____		_____		_____
c. _____	_____		_____		_____		_____
d. _____	_____		_____		_____		_____
							Subtotal \$ _____
							Total \$ _____
							Late payment penalty fee 5% \$ _____
							Total _____

4. IRS letter submitted?  Yes  No

5. Liability insurance policy?  Yes  No

Comments \_\_\_\_\_

**OFFICE USE**

From: School  
 Approved  Approval Recommended  Disapproved

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

From: Fairfax County Department of Community and Recreation Services  
 Approved  Disapproved

Signature Community and Recreation Services \_\_\_\_\_ Date \_\_\_\_\_

To: Coordinator, Community Use of Facilities  
 Approved  Disapproved

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_