



# APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES AND GROUNDS

**APPLICATION FEE MUST BE SUBMITTED ALONG WITH APPLICATION FOR APPROVAL.** ALL INFORMATION MUST BE FURNISHED BEFORE APPLICATION CAN BE PROCESSED. FEES MUST BE PAID TEN WORKING DAYS PRIOR TO SCHEDULED EVENT. MAKE CHECK PAYABLE TO THE SCHOOL. 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 \_\_\_\_\_ 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)  
 Email Address \_\_\_\_\_

4. Type of Activity \_\_\_\_\_

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

6. Name of chaperons (one required for each 25 children) who have agreed to supervise this activity (list two):  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

\*7. Is organization a nonprofit type?  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):

RENTAL	PERSONNEL	SPECIAL EQUIPMENT/SERVICE
Auditorium _____	Activities Supv. _____	_____
Cafeteria _____	Athletic Event Worker _____	_____
Cafeteria w/Kitchen _____	Cafeteria Staff _____	_____
Classroom(s) _____	Custodian _____	_____
Gymnasium _____	Faculty Supv. _____	_____
Other _____	Financial Clerk _____	_____
	Maintenance Technician _____	_____
	Secretary _____	_____
	Sound Tech. _____	_____
	Student Tech. _____	_____

12. Addendum Attached?  Yes  No

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

The undersigned agrees that he or she is familiar with, and will abide by, FCPS Regulation 8420.1, or any successor regulation to it. The undersigned also agrees that he or she is authorized to sign below on behalf of any organization listed in the 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 area 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. Faculty Supervisor	_____	_____	_____	_____	_____	_____	_____
f. Financial Clerk	_____	_____	_____	_____	_____	_____	_____
g. Maintenance Technician	_____	_____	_____	_____	_____	_____	_____
h. Secretary	_____	_____	_____	_____	_____	_____	_____
i. Sound Technician	_____	_____	_____	_____	_____	_____	_____
j. Student Technician	_____	_____	_____	_____	_____	_____	_____
k. Other	_____	_____	_____	_____	_____	_____	_____
							Subtotal \$ _____

3. SPECIAL FEES

a. _____	_____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____	_____
							Subtotal \$ _____
							Total \$ _____

Late payment penalty fee 5% \$ \_\_\_\_\_  
 Total \_\_\_\_\_

4. APPLICATION FEE?  Yes  No \$ \_\_\_\_\_

5. IRS LETTER SUBMITTED?  Yes  No

6. LIABILITY INSURANCE POLICY?  Yes  No

Comments \_\_\_\_\_

**OFFICE USE**

From: School  
 Approved  Approval Recommended  Disapproved

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

From: Community and Recreation Services  
 Approved  Disapproved

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

To: Coordinator, Community Use of Facilities  
 Approved  Disapproved

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