

APPLICATION FOR BOOSTER CLUB, PTA, OR PTO MANAGED FEE-BASED CAMPS, CLASSES, CLINICS, AND LEAGUES

Reset Button

Fee based activities (camps, classes, clinics, and leagues) with Fairfax County Public Schools (FCPS) paid employees complete pages 1-3; activities using volunteers or Independent Contractors complete page 1 only. Application must be submitted to the Community Use Section at least 15 business days before activity begins. A copy of the promotional flier must be submitted with all applications.

Financial documents (ADM-24A and ADM-24B), retained by the host school for financial and accounting needs.

1. Name of Booster Club, PTA, or PTO _____
2. Name of Activity _____
3. Activity Date(s) _____ Number of Days _____ ☐ S ☐ M ☐ T ☐ W ☐ Thu ☐ F ☐ Sat.
Please Check All Activity Days
4. Daily Activity Times _____ Number of Hours per Day _____
5. School to Be Used _____ Location: (e.g., gym, cafeteria, classroom, fields) _____
6. Estimated Number of Students _____ Students Age or Grade _____
7. Total Cost Per Participant \$ _____ Supply Fee Included ☐ Yes ☐ No If Yes, supply cost \$ _____
8. What Type of Instructor(s) Are You Using? (please check all that apply)
☐ FCPS Employee (receiving pay for this activity) ☐ FCPS Employee (volunteering for this activity)
☐ Independent Contractor ☐ Volunteer ☐ Parent Volunteer ☐ Instructor Who Needs to Become an Employee
9. Who is Responsible for Handling Registration and Payment? ☐ Booster, PTA, or PTO ☐ Independent Contractor
10. If Using an Independent Contractor (IC), Please Provide the Name of the Company. _____

FSFIRECT Schedule ID # _____

This activity has been approved by the Booster Club, PTA, or PTO and will be under the Booster Club, PTA, or PTO direction. We have reviewed the current versions of Regulation 8424 and Notice 8424, agree to the requirement therein, and request your approval for this activity. Promotional material flier to activity is attached. The Principal must approve the flyer and the flyer can not state that FCPS is the provider of the program.

Booster Club, PTA, or PTO Representative (please print) _____ Signature _____

Phone Number _____ E-Mail _____ Date _____

Camp, Clinic, Class Director, or Independent Contractor (please print) _____ Signature _____

Phone Number _____ E-Mail _____ Date _____

☐ **APPROVED** ☐ **DISAPPROVED**

Comments:

Principal or Designee _____ Date _____

NEXT STEP- Independent Contractor/provider will immediately submit a request in FSDirect for Community Use for scheduling/processing using the format: PTA/xyzy company/soccer as the event title example.

CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET
FCPS Employees as per FCPS HR

(Activity)	(Location)	(Inclusive Dates for Session)
		Session _____ of _____ Session(s)

Booster Club, PTA, or PTO

ESTIMATED INCOME

Number of Campers		Fees Per Session		Total
	x		=	\$ _____
	x		=	_____
	x		=	_____
Total Estimated Income				\$ _____

PROJECTED EXPENSES

Personnel (Counselors and Guest Lecturers listed on page 3)

Name	Title	Amount	Amount
		\$	Equipment (attach list) \$
			Supplies \$
			Turf Replacement Fund \$
			Printing \$
			Awards \$
			Postage \$
			Custodian (invoiced by CUS) \$
			Insurance \$
			Other \$

Counselors (from page 3)	\$	0.00	(please specify)
Lecturer(s) (from page 3)	\$	0.00	
Total Personnel Expenses	\$	0.00	Total Other Expenses \$ 0.00
Total Expenses			\$ 0.00
Projected Net Income			\$ 0.00

Disposition of Net Income: _____

COPIES OF THE FINANCIAL DOCUMENTS (ADM-24A AND ADM-24B), ARE REQUIRED TO BE SUBMITTED TO THE SCHOOL FINANCE TECHNICIAN WITHIN FOUR WEEKS OF THE CLOSE OF EACH SESSION WITH FCPS-PAID EMPLOYEES.

PROJECTED COUNSELOR STAFF

(Counselors must be 16 years old or rising 11th graders)

[illegible]

PROJECTED GUEST LECTURER(S)

(may not be current FCPS employee)

[illegible]