



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

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), are required to be submitted to the Community Use Section (CUS), within four weeks of the close of each activity with FCPS paid employees.

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. _____
11. If Using an IC, IC Appears on the Approved Vendor List.
 Yes No
 If No, IC Must Contact CUS BEFORE Submitting ADM-24 For Approval.
12. If Not Using an IC, Please Provide the Boosters, PTA, or PTO Insurance Company Name and Coverage Limits.

Insurance Company Name

Coverage Limits

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.

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

APPROVED DISAPPROVED Comments: _____

Community Use Section Date

CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET*

(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 \$

(please specify)

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

Disposition of Net Income: _____

COPIES OF THE FINANCIAL DOCUMENTS (ADM-24A AND ADM-24B), ARE REQUIRED TO BE SUBMITTED TO THE COMMUNITY USE SECTION AND 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)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Amount</u> (if applicable)	<u>School Currently Attending</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROJECTED GUEST LECTURER(S)
(may not be current FCPS employee)

<u>Name</u>	<u>Number of Hours</u>	<u>Fees</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____