

# STAFFORD COUNTY PUBLIC SCHOOLS – APPLICATION FOR COMMUNITY USE OF BUILDINGS, EQUIPMENT AND GROUNDS

## INSTRUCTIONS:

1. All information must be furnished before application can be processed.
2. Fees for all known services and/or rental must be paid when filing the application.
3. Make check payable to the school.
4. Application must be filed with the school principal not less than ten (10) working days before intended use.

Organization \_\_\_\_\_ School Requested \_\_\_\_\_

Address \_\_\_\_\_ Date Application Filed \_\_\_\_\_

Contact Person \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date(s)/Times(s) of Activity \_\_\_\_\_

Type of Activity \_\_\_\_\_

Spaces Requested \$ ph: Auditorium (MS \$120, HS \$125) \_\_\_\_\_ Cafeteria/Multipurpose (ES \$95, MS \$120, HS \$125) \_\_\_\_\_ Gymnasium (\$95 ES, 120 MS, \$125 HS) \_\_\_\_\_ Kitchen \_\_\_\_\_ (only w cafeteria staff) Classroom (\$25) \_\_\_\_\_ Parking Lot (\$50) \_\_\_\_\_

Special Equipment Desired \_\_\_\_\_

Names of Performing Groups \_\_\_\_\_

Admission Charges (if none, so indicate) Adult \$ \_\_\_\_\_ Couple \$ \_\_\_\_\_ Children \$ \_\_\_\_\_

The undersigned and the above named organization, jointly and severally, agree to be responsible for the terms of this agreement, including payment of all fees, expenses, damages to premises and further agree to hold the Stafford County School Board, its agents, servants and employees harmless from any legal liability, injury or damage to any person or property in connection with the use of the school facility. The undersigned certifies that he/she is familiar with the rules and regulations of the Stafford County School Board for Community Use of School Facilities and that such rules and regulations will be enforced. The undersigned further acknowledges that the fees shown are estimated fees and that they are responsible for any changes that may be accessed due to the actual use of facilities, equipment, and personnel.

Name of Group/Organization \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Dated \_\_\_\_\_

Facility Rental Fee \_\_\_\_\_ x \_\_\_\_\_ hours = Total \_\_\_\_\_

Certificate of Insurance Attached \_\_\_\_\_

Personnel Fee(s):

Expiration Date \_\_\_\_\_

	Total Hours		Hourly Rate	Total Hours		Overtime Rate	Total
Supervision		x			x		
Custodial		x			x		
Security		x			x		
Technician		x			x		
School Nutrition		x			x		
Other(Specify)		x			x		
*FICA Taxes		x			x		
Estimate TOTAL		x			x		
Payment Rec'd		x			x		
BALANCE		x			x		

**Following the activity, a facility/grounds inspection will occur. The renter is responsible for any damage or vandalism that did occur during the duration of the activity**

\*ALL PERSONNEL COMPENSATION x 7.65%

APPROVED BY: \_\_\_\_\_, Principal

APPROVED BY: \_\_\_\_\_, Executive Director of Operations