

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 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 _____
 (Present Duration of Rental)

Address _____ Home Phone _____

Date(s)/Time(s) of Activity _____

Type of Activity _____

Space(s) Requested: Auditorium____ Cafeteria/Multi-purpose____ Kitchen____ Gymnasium____ Classroom____
 Parking Lot _____

Special Equipment Desired: _____

Names of Performing Groups (if not your group) _____

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

Approved _____ Disapproved _____

The undersigned and the above-named organization, jointly and severally, agree to be responsible for the terms of this agreement, including the 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	Date
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I. Facility Rental Fee _____ X _____ Hours = Total _____

II. Personnel Fee(s)

Certificate of Insurance Attached

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					\$ _____
Estimated TOTAL					\$ _____
Payment Received					\$ _____
BALANCE					\$ _____

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: _____, Assistant Superintendent for Operations