

Spotsylvania County Schools
REQUEST TO USE SCHOOL FACILITIES

ALL BLANKS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

1. Name of organization: _____
2. Address or "base" of organization: _____
3. Is this organization non-profit or School Business Partner? (**Attach Proof**) _____
4. Name of requested school: _____
5. Location(s) requested:
 - cafeteria/commons cafeteria and kitchen
 - gymnasium auxiliary gym
 - auditorium multipurpose room
 - athletic/play field/parking lot (specify) _____
 - other (specify) _____
6. Date(s) requested: _____
7. Time(s) requested: _____
8. Purpose of requested use: _____
9. Admission to be charged and disposition of money collected: _____
10. Number of participants and spectators anticipated: _____
11. Has fire/police/security protection been arranged? _____
12. Person(s) who will supervise the activity: Name(s)/ Phone #(s): _____
13. Understanding of conditions of use: (all boxes must be checked)
 - My group has been provided with a copy of School Board regulation KG-R which outlines the conditions under which use of school facilities is permitted.
 - My group assumes responsibility for damage to buildings and grounds occurring at the time of use.
 - My group agrees to indemnify and hold harmless the School Board and all of its members and all of its employees in connection with the use.
 - My group understands that any literature or announcement advertising the event must be approved by the principal before its dissemination.
 - My group understands that **a copy of the liability insurance certificate** naming Spotsylvania County Schools, 8020 River Stone Drive, Fredericksburg, VA 22407, as additional insured **must accompany this request.**
 - My group understands that all fees must be paid ten (10) days in advance. Payment (s) should be made by check, payable to **Spotsylvania County Schools** and be mailed or delivered to the **Facilities Manager, Finance Office, 8020 River Stone Dr., Fredericksburg, VA 22407.**
14. Authorized agent of the group who will assume responsibility for any damage to the Facility or grounds:
(please print or type)

Name: _____
Street Address: _____
City, State, Zip: _____
Telephone #(s): _____
Email Address: _____

Signature: _____ Date: _____

**Spotsylvania County Schools
REQUEST TO USE SCHOOL FACILITIES**

This section is to be completed by the school principal or designee

1. Will the requested activity interfere with any planned school-sponsored program or activity?
 YES NO
2. Name of school employee who will supervise the activity: _____
3. Name of custodian: _____
 SCS or Service Solutions employee? _____
4. Name of kitchen employee (if required): _____
 SCS or Chartwell's employee? _____
5. Name of any other school employees who will be present: _____
6. Is a copy of the group's liability insurance policy attached? YES NO
7. A written statement detailing the length of time the organization anticipates using the facility and
 It's plans for future relocation is attached (continuous use only) YES N/A

8.

*Estimated Usage Charges:					
Fee Type	Rate per Hour/day	X	Hours/Day	=	Charge
Flat Rate/Non-school Business Day	\$300/day	X		=	\$
Rental Locations: _____		X		=	\$
Custodian (Circle rate)	\$40.00 / \$20.00	X		=	\$
Kitchen Employee	\$30.00	X		=	\$
Light/Sound Technician	\$30.00	X		=	\$
Estimated Fees Paid to Spotsylvania County Schools (per use)					\$
Fees must be paid ten (10) days in advance of use. A 10% penalty will be assessed for late payments. If actual usage times change from this agreement, payment must be made or a refund must be requested within ten (10) days of use.					

9. Principal's Comment: _____

Category 1 2 3 4 5 6 7 (Check one)

APPROVAL: Categories 1-7

Approved Principal's Signature: _____
 Not Approved Date: _____

APPROVAL: Categories 5-7

Approved Superintendent's Designee: _____
 Not Approved Date: _____

10. Other Comments/Conditions: _____