



FACILITY USE APPLICATION

Incomplete applications will not be processed

PLEASE PRINT

School Site: _____

Name of User/Organization _____

FAX: _____

TWO CONTACT NAMES REQUIRED (Include complete mailing addresses):

(Include area codes):

1. Name: _____

Daytime phone: _____

Address: _____

Evening phone: _____

City, State, ZIP: _____

2. Name: _____

Daytime phone: _____

Address: _____

Evening phone: _____

City, State, ZIP: _____

Space(s) to be used: (ex: gym, auditorium, cafeteria) _____

Equipment, if available, at additional cost: _____

Number of persons expected (include audiences): _____ Adults _____ Children

Purpose: _____

Amount charged by User for admission, entry, or class: _____

Exact date(s) needed, including specific month, day, year and time(s): *(Attach additional schedule if needed)*

	Number of Days	Date	Day of Week	Beginning Time	Ending Time	Hours X Days	Total Hours
Example 1:	1	5/6/06	Saturday	1:00 pm	6:00 pm	5 x 1	5
Example 2:	2	5/6 & 5/13/06	Saturday	1:00 pm	6:00 pm	5 x 2	10
			Monday			X	
			Tuesday			X	
			Wednesday			X	
			Thursday			X	
			Friday			X	
			Saturday			X	
			Sunday			X	
Totals:							

*I have read and agree to abide by Board Policy.

*I understand that the structure of this agreement is intended to define this activity as one "for other than school purposes" in accordance with the provisions of G.S. 115C-524(b). Per said statute, "No liability shall attach to any board of education, individually or collectively, for personal injury suffered by reason of the use of such school property pursuant to such agreements."

The User/Organization is: (check one) Profit Non-Profit ID # _____

* _____
 Signature of Applicant Date Day Phone Number Evening Phone

Sports/Dance groups: Certificate of Liability Insurance required

PERSONNEL REQUIRED (check all appropriate):			
<input type="checkbox"/> Custodian	_____ # hours	<input type="checkbox"/> Cafeteria employee	_____ # hours
<input type="checkbox"/> Facility Supervisor	_____ # hours	<input type="checkbox"/> Other (specify) _____	_____ # hours
<input type="checkbox"/> Technical	_____ # hours	<input type="checkbox"/> None (specify) _____	_____ # hours
COMMENTS/Special Instructions: _____ _____ _____			
ATTACHMENTS: <input type="checkbox"/> \$25 Non-Refundable Application Fee <input type="checkbox"/> Additional charges / conditions			

Approved Not Approved

 Principal Date Approved by Asst. Superintendent for Auxiliary Services Date



FACILITY USE RENTAL FEES

(includes Utilities)

Minimum two-hour charge per space per occurrence

Interior Space	Non-profit/hr	Profit/hr
Auditorium	\$50	\$75
Band Room	\$20	\$35
Choral Room	\$20	\$30
Conference Room	\$10	\$20
Dining Hall (only)	\$30	\$50
Dining Hall + Kitchen	\$50 + staff	\$75 + staff
Gymnasium	\$50	\$75
Gymnatorium	\$50	\$75
Library/Media Center	\$20	\$40
Multi-Purpose Room	\$40	\$65
Exterior Space	Non-profit/hr	Profit/hr
Playgrounds	No charge	No charge
Practice Field (up to 8 hours)	\$10/day	\$20/day
Baseball Field*	\$75/day	\$150/day
Football Field*	\$75/day	\$150/day
Soccer Field*	\$75/day	\$150/day

* Add \$30 per hour for lighted fields

Personnel	Profit and Non-profit charges	Employee pay
Cafeteria employee	\$18/Hr	Time-and-a-half
Custodian	\$18/Hr	Time-and-a-half
Facility Supervisor	\$18/Hr	\$14.40/Hr
Technician	\$18/Hr	\$14.40/Hr