REQUEST FOR USE OF SCHOOL FACILITIES FILE: KF-E(1)

Complete, sign & return to the operation	s office at least 14 business days prior to proposed date(s) of use.
Name of organization/event:	
Name of individual completing application:	
Address:	
Telephone:	Email :
Type facility for which use is being requested ((check all as appropriate):
GymnasiumCafeteria	KitchenClassroomAthletic Facilit
School (please circle the school location):	ES JMS JHS
School equipment/assistance requested: Yes	No If yes, please specify
Date(s) facility use is requested:	
froma.m./p.m.	
Type of activity, event or meeting:	
	Admission (will / will not) be charged (<i>circle one</i>)
Profit will be used for:	
E(1), KF- $E(2)$ and KF- $E(3)$ governing use of so organization I represent, full responsibility for in board policy KF and exhibits KF- $E(1-3)$.	lity, I have received a copy of board policy KF as well as exhibits KF- chool facilities. I personally accept, and accept on behalf of the use of the school facility and for the observance of the rules as set forth ehalf of the organization I represent, to hold harmless, indemnify,
release and discharge Florence County School liability or responsibility for any injuries, dama	District Five, its agents, servants and employees from any and all ges, claims or causes of action arising out of the use of school or district esent agree to be fully responsible for the same.
Signature of applicant	Date
I hereby approve the above request for use of s established in Florence County School District	chool facilities and will ensure that the school responsibilities Five board policy and exhibits are followed.
Signature of Chief Operations Officer	Date
Signature of building principal	Date
Charges (An approval notification will	be sent once your fees are paid. Fees due immediately.)
Gymnasium fee:	Security fee:
Cafeteria fee:	Technology fee:
Kitchen fee:	Other:
Utility fee:	Deposit:
Custodial fee:	Payment received: