



REQUEST FOR USE OF SCHOOL FACILITIES

FILE: KF-E(1)

Complete, sign & return to the operations 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):

_____Gymnasium _____Cafeteria _____Kitchen _____Classroom _____Athletic Facility

School (please circle the school location): JES JMS JHS

School equipment/assistance requested: Yes No If yes, please specify _____

Date(s) facility use is requested: _____

from _____ a.m./p.m. to _____ a.m./p.m. (this time should include early entry/set up time)

Type of activity, event or meeting: _____

Maximum attendance expected: _____ Admission (will / will not) be charged (*circle one*)

Profit will be used for: _____

In making application for use of the above facility, I have received a copy of board policy KF as well as exhibits KF-E(1), KF-E(2) and KF-E(3) governing use of school facilities. I personally accept, and accept on behalf of the organization I represent, full responsibility for use of the school facility and for the observance of the rules as set forth in board policy KF and exhibits KF-E(1-3).

I hereby expressly agree, individually and on behalf of the organization I represent, to hold harmless, indemnify, release and discharge Florence County School District Five, its agents, servants and employees from any and all liability or responsibility for any injuries, damages, claims or causes of action arising out of the use of school or district facilities in any manner. I and the group I represent agree to be fully responsible for the same.

Signature of applicant

Date

I hereby approve the above request for use of school facilities and will ensure that the school responsibilities established in Florence County School District 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: _____