REQUEST FOR USE OF SCHOOL FACILITIES

FILE: KF-E(1)

| use. | to the operations office at least 10 business days prior to proposed date(s) | of |
|---|---|---------|
| Name of organization: | | |
| Name of individual completing application | ion: | |
| Address: | | |
| Telephone: | Email : | |
| Type facility for which use is being reque | nested (check all as appropriate): | |
| GymnasiumCafeteria | KitchenClassroom | |
| School (please circle the school location): | : JES JMS JHS | |
| School equipment/assistance needed: Y | Yes No If yes, please specify | |
| Date(s) facility use is requested: | | |
| froma.m. | ./p.m. toa.m./p.m. | |
| Type of activity, event or meeting: | | |
| Maximum attendance expected: | 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 us | ve facility, I have received a copy of board policy KF as well as exhibits I se of school facilities. I personally accept, and accept on behalf of the ity for use of the school facility and for the observance of the rules as set 1-3). | |
| release and discharge Florence County S liability or responsibility for any injuries. | ad on behalf of the organization I represent, to hold harmless, indemnify, school District Five, its agents, servants and employees from any and all a damages, claims or causes of action arising out of the use of school or district I represent agree to be fully responsible for the same. | istrict |
| Signature of individual making application | on Date | |
| | ise of school facilities and will ensure that the school responsibilities District Five board policy and exhibits are followed. | |
| Signature of chief of operations | Date | |
| Signature of building principal | Date | - |
| Charges | | |
| Use fee: | | |
| Deposit: | _ | |
| Custodian(s): | _ | |
| Other (list): | _ | |
| Total: | Payment received: | |

Florence County School District No. 5