

Wilson County School System

Application For Use Of School Facilities and Agreement Form

◆ ◆ ◆ ◆ ◆ To be completed by Applicant ◆ ◆ ◆ ◆ ◆

School Facility Requested		Date(s) of Use Requested	
		Date(s) Approved	
Space Requested <input type="checkbox"/> Classrooms <input type="checkbox"/> Gymnasium <input type="checkbox"/> Auditorium <input type="checkbox"/> Stadium <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other	Time to Enter Time to Leave	Admission Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: Adult \$ _____ Student \$ _____ Child \$ _____ Other \$ _____	
Name of Group or Organization		Number in Group	Charity Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person		Telephone Number	Name of Charity _____
Type of Activity		Percent of Proceeds Given to Charity _____	
Billing Address			
City		State	Zip

I do hereby agree that I will be responsible for the proper use of the facilities indicated above and as outlined in the School Facilities Use Procedures and will pay all appropriate facility charges upon receipt of invoice. I am enclosing the required security deposit of \$100.00 in a cashier's check made payable to the Wilson County School System. NO PERSONAL CHECKS WILL BE ACCEPTED. I understand that it will be returned by the Wilson County School System upon satisfactory inspection of facilities and payment of any applicable charges incurred by our organization. In addition, I have enclosed our Certificate of Insurance as outlined below.

_____ Date _____ Signature of Applicant

◆ ◆ ◆ ◆ ◆ To be completed by Principal ◆ ◆ ◆ ◆ ◆

Food Service Will refreshments be served? <input type="checkbox"/> Yes <input type="checkbox"/> No Will cafeteria be used? <input type="checkbox"/> Yes <input type="checkbox"/> No Will kitchen equipment be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Event in Excess of One Day? <input type="checkbox"/> Yes <input type="checkbox"/> No School to Share in Proceeds? <input type="checkbox"/> Yes <input type="checkbox"/> No Dollar Amount/Percentage _____ Waiver of Rental Fee/Bond Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Approval of Director of Food Service Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval of Board Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Certificate <input type="checkbox"/> Yes												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Applicable facility Charges</th> <th style="width: 20%;">Hours</th> <th style="width: 20%;">Rate</th> </tr> </thead> <tbody> <tr> <td>Rent * <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Custodial Services* <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>Cafeteria Worker(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> </tbody> </table>	Applicable facility Charges	Hours	Rate	Rent * <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Custodial Services* <input type="checkbox"/> Yes <input type="checkbox"/> No			Cafeteria Worker(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No			* PLEASE NOTE: Prior to using school facilities, groups not directly related to the school program must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000). <u>This certificate must reflect the Wilson County School System as the certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities, the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance.</u> You may obtain this insurance from any insurance agent of your choice.	
Applicable facility Charges	Hours	Rate												
Rent * <input type="checkbox"/> Yes <input type="checkbox"/> No		\$												
Custodial Services* <input type="checkbox"/> Yes <input type="checkbox"/> No														
Cafeteria Worker(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No														
*NOTE: The Central Office will invoice you for the actual charges incurred														
Approval of Principal _____														

Approval of Director of Food Service _____ Date _____

Director of Operations Receipt of Notification _____ Date _____

Approval of Business Office _____ Date _____

Distribution Copies	
White - Principal	Yellow - Business Office
Pink - Operations	Gold - Organization
Route all copies intact to the Central Office	