



Hertford County Public Schools Application for Use of School Facilities

(Please print clearly)

Date of Application _____

Instructions: This form should be filled out and presented to Principal of the facility being requested at least one week in advance.

I. **INDIVIDUAL** and organization making application for facility: (This should be the person responsible to Hertford County Public Schools for proper care/use of the facilities and paying use costs.)

Individual/Organization: _____ PHONE: _____

Address: _____ City: _____ State: _____ Zip: _____

III. **STATE** intended use of Facility: _____

II. FACILITY DESIRED (School): _____
Exact area(s) desired (i.e., Gymnasium, Campus, etc.): _____

Anticipated Number of Participants and/or Spectators: _____

IV. **SPECIAL EQUIPMENT/SERVICES DESIRED:** _____

V. **TIME FACILITY IS REQUESTED:** DATE(S): _____ STARTING & ENDING TIME: _____

TOTAL # OF HOURS: _____

NOTICE: NO ALCOHOLIC BEVERAGES, NO CANDLES OR USE OF TOBACCO PRODUCTS ALLOWED ON PREMISES

PLEASE READ AGREEMENT BELOW REGARDING SCHOOL FACILITIES LIABILITIES

AGREEMENT

It is understood and agreed by and between the parties to this contract that the user of school facilities shall have full and complete responsibility for the proper use of such facilities and shall be liable to the Hertford County Board of Education and for damage to property or injury to persons arising out of the property under the terms of this agreement. The user of school facilities, under and pursuant to the terms of this contract hereby agrees to indemnify and hold harmless the Hertford County Board of Education and its agents or employees for any property damage or personal injury resulting from the use of said school facilities by user. It is understood that upon the signing of this contract all parties using the facilities have read and understand the policy and administrative regulations regarding community use of Hertford County Public Schools and agree to their terms (Policy 5030 and R No. 2030, Revised 2014).

Signature of Authorized Agent of User : _____ Date: _____

VI. COST

CERTIFICATE OF GENERAL LIABILITY INSURANCE: ___ YES ___ NO FACILITY FEE: _____

STAFF FEE (Custodian/Cafeteria) : \$28 hourly X _____ hours = \$ _____

OTHER FEES: _____

TOTAL DUE: _____ **DUE DATE:** _____

PLEASE PAY FACILITY AND OTHER FEES TO THE PRINCIPAL.

VII. Approval is subject to costs affixed above. Approval is not final until the principal and superintendent or superintendent's designee signs. Note: A school employee assigned by the principal must open facility, maintain custody of facility and secure the facility after use. Facilities will not be available if fees are not paid by the date listed.

PRINCIPAL : The use of this facility/equipment at the time and date requested will not interfere with any school program or prior commitment. I do hereby recommend this application for **APPROVAL**.

Principal's Signature: _____ Date: _____

Comments: _____

SUPERINTENDENT or Superintendent's Designee: I do hereby (APPROVE) (DISAPPROVE) this application.

Superintendent or Superintendent's Designee Signature: _____ Date: _____

Comments: _____