

WILSON COUNTY SCHOOLS FACILITY RENTAL APPLICATION

School or Site _____
 Facility Requested (i.e. Auditorium, Gym, etc.) _____
 Name of Person/Group Making Request _____
 Purpose/Event _____
 Number of Persons Expected _____

Contact Person:
 Name _____
 Address _____ City _____ State _____ Zip _____
 Day Phone Number _____ Evening Phone Number _____

Month/Dates	Time of Entry	Time of Departure	Total Hours	To Be Completed by the Principal Fee Amount
Total Fee			\$	_____

I have read all information in the Facility Rental Manual and the regulations included with the Facility Rental Application and do hereby agree to:

- Abide by the procedures as outlined in the Facility Rental Manual and with the regulations included with the Facility Rental Application concerning the processing of this application, including but not limited to the payment of all deposits, regular fees and additional costs, the care of the facility, and conduct of participants.
- Assume all liability for injury, loss of any manner of accident which is suffered by anyone in or attending the event and understand that Wilson County Schools assumes no liability for same.

My Insurance Carrier is _____ and I have adequate Insurance coverage to protect the participants and attendees during this event.

Renter _____ Date _____

TO BE COMPLETED BY THE PRINCIPAL/PRINCIPAL DESIGNEE	
Personnel Assigned (Check One) _____ Custodian _____ Food Services Staff _____ Facility Supervisor _____ Staff Member _____ Administrator _____	
Special Conditions _____ _____ _____	
Principal _____	Date _____

Executive Director/Administrative Services _____ Date _____