

## Stanly County Schools Application For Community Use of School Facilities

SCHOOL REQUESTED: \_\_\_\_\_

SUBMITTED BY (ORGANIZATION): \_\_\_\_\_

Applicant Information:

**Category 1**

- Polling place
- SCS student focused
- School sponsored

**Category 2**

- Political party
- All other non-profit

**Category 3**

- For profit sports or business
- General public
- Other \_\_\_\_\_

If not for profit, provide Non-Profit Tax ID Number: \_\_\_\_\_

Individual Making Request: \_\_\_\_\_

Name

Title

Address: \_\_\_\_\_

Street

City, State, Zip

Telephone: \_\_\_\_\_

Home #

Work #

Fax/Email

### INTERIOR SPACE REQUESTED *(Please Check All That Apply)*

- Multipurpose Room   
  Cafeteria (Excludes use of kitchen)   
  Gym   
  Auditorium  
 Classroom(s) *(How Many? \_\_\_\_\_)*   
  Other \_\_\_\_\_ *(Describe Specifically)*

### EXTERIOR SPACE REQUESTED *(Please Check All That Apply)*

- Baseball   
  Softball   
  Football   
  Track   
  Soccer   
  Practice Field   
  Tennis Courts  
 Open Field   
 Composite Playground   
 Parking Lot(s)   
 Other *(Describe Specifically)* \_\_\_\_\_

Heating/Air Conditioning Required: \_\_\_\_\_ (Y/N)

Number of Adults (18 & older): \_\_\_\_\_    Number of Youth (under 18): \_\_\_\_\_

Name of adult to be present and responsible at function: \_\_\_\_\_

Contact Information: : \_\_\_\_\_

Home #

Work #

Cell #

Email : \_\_\_\_\_

Activity or Purpose of Use: \_\_\_\_\_

- The use of the facility will not involve the use of alcohol, tobacco products, weapons of any kind, or any activity which is likely to cause damage to school property, be in violation of the laws of North Carolina, or create conditions likely to cause injury to the participants in the use. (REQUIRED)
- A copy of the group's certificate of liability insurance is attached. (REQUIRED)

Time Desired (please specify each date and time)

Month(s)	Specific Dates	Day(s) of Week	Opening Time	Closing Time

Will people attending activity be charged a fee? No  Yes  (The school will be paid 25% of fees collected.)

I have discussed the use of the facility with the building principal and superintendent designee, and, in his/her opinion, additional supervision \_\_\_\_\_ is \_\_\_\_\_ is not required. If additional supervision is required, my organization agrees to:

- Employ \_\_\_\_\_ (#) additional school employees to work at at my direction and as my agents at the rate of

- \_\_\_\_\_ per hour. Indicate school employee requested (custodian, cafe staff, lighting tech): \_\_\_\_\_
- Provide law enforcement officers at my organization's expense.
- I request the following specially trained personnel to operate equipment at the expense of my organization:  
Person(s)/Business: \_\_\_\_\_

*I, the undersigned user, individually and as legal agent for the above named organization, agree to abide by the rules and regulations established for use of the school facilities and to supervise the use of the facilities and to be responsible for all activities during the use, to hold the Board of Education, individually and collectively, harmless and indemnify the Board from any liability or loss by reason of damage to property or injury to persons attending the function as described above or resulting from the use of the facility by me or my organization; to be responsible for any damages to the School Board property resulting from use of the facility to purchase insurance or bond or show proof of financial responsibility if required by the building principal. I understand that the above, described facility will be made available to me only at the times and schedule set above.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Initial approval for facility availability will be made by the principal or designee at the school level. This application will then be submitted by the school to Stanly County Schools for final approval and invoicing. Once approved, you will receive notification from Stanly County Schools along with payment instructions. Payment must be received PRIOR to usage of the facility unless a Board approved MOU is on file for this application.

If time used exceeds the time contracted, the user will be invoiced for the additional amount. Application must be submitted at least 60 days prior to requested use if a non-school related activity.

Fee Charged	
Facility Use	\$ _____
Custodial	\$ _____
Cafeteria	\$ _____
Supervisory	\$ _____
Total	\$ _____
<b>Fee Must Be Paid In Advance</b>	

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**(FOR OFFICE USE ONLY)**

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Designee assigned to be on duty (if needed) : \_\_\_\_\_

Contact number of Designee to be on duty (if needed): \_\_\_\_\_

Received by: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Received: \_\_\_\_\_