

Sussex County Public Schools

KG-F

REQUEST FOR USE OF SCHOOL FACILITIES

Date of Request: _____ Is this organization non-profit? Yes No

Name of Organization: _____

Address: _____

Is this organization a local Sussex County organization? Yes No

Does this organization have liability insurance coverage? Yes No

Is a copy of the insurance policy attached? Yes No

Name of the Person Responsible: _____

Date of the Proposed Activity: _____ Time: Beginning _____ and ending _____

Total Hours: _____

State the purpose for which the school property will be used: _____

Area of the Building Requested: _____

Admission to be charged: \$ _____ Approximate Number of Participants _____

I have received and read the guidelines for Use of School Facilities. It is understood and agreed that, if this application is approved, the undersigned and the above organization will be responsible for all damage to property and will protect and indemnify the School Board of Sussex County from all liability to any person on any account in connection with the above use of school property.

Signature: _____ Date: _____

Telephone Number: _____



21302 Sussex Drive • Post Office Box 1368 • Sussex, Virginia 23884
Telephone (434) 246-1099 • Fax (434) 246-8214

SCHOOL USE ONLY: To be completed by Principal

1. Does the date of the activity conflict or interfere with any scheduled school activity? Yes No
2. Has a copy of the liability insurance coverage been attached? Yes No
3. Has a copy of the guidelines and procedures for Use of School Facilities been issued to the person responsible? Yes No

4. Cost of Facility

- a. High School or Middle School Cafeteria - \$150 hour/3.5 hr minimum \$ _____
- b. Elementary School Cafeteria - \$75 hour/3.5 hr minimum \$ _____
- c. Classroom(s) \$50 hour/3.5 hr minimum \$ _____
- d. Auditorium \$150 hour/3.5 hr minimum \$ _____
- e. Gymnasium \$150 hr/3.5 hr minimum \$ _____

5. Have employees been arranged to supervise the activity? Yes No

Please list those employees. Total Hours of Use: _____

Administrative Supervisor

Pay: _____

\$100 for first two (2) hours *\$15 per hour beyond two (2) hours

Custodian _____

Pay: _____

\$75 for first two (2) hours *beyond two (2) hours – cost is based on an hourly rate of the custodian's pay at time and a half

Kitchen Employee _____

Pay: _____

\$75 for first two (2) hours *beyond two (2) hours – cost is based on an hourly rate of employee's pay at time and a half.

Police Security _____

Pay: _____

\$80 for first two (2) hours *beyond two (2) hours – cost is based on hourly rate of the officer's pay at time and a half.

Lighting _____

Pay: _____

\$50 for first three (3) hours*\$15 per hour beyond three (3) hours

Sound _____

Pay: _____

\$50 for first three (3) hours *\$15 per hour for any hours beyond three (3)

Total Cost: _____

Comments: _____

Signature of Principal: _____ Date: _____

Approved

Denied

Date _____ Signature of Superintendent _____

Revised: May 14, 2009