

**PRINCE GEORGE COUNTY PUBLIC SCHOOLS**

Office of the Superintendent  
6410 Courts Drive, P. O. Box 400  
Prince George, VA 23875

**APPLICATION FOR THE USE OF SCHOOL FACILITIES**

This application to use the school facility must be completed and submitted to the superintendent at least 20 days prior to the anticipated use of the facility. The applicant should read the **Prince George County School Board Rules and Regulations**, which accompany this application before submitting it to the Prince George School Board Office. All custodial personnel fees (if any) and operational charges must be submitted with the application. Make checks payable to the school where the activity is to occur. In the event that the request to use a school facility is denied, the check will be returned to the applicant. There is no insurance coverage for accidents or for the acts of omissions of person not employed by Prince George County School Board. Therefore, your organization must provide a **Certificate of Insurance** to cover those participating in your activity. For information or assistance concerning the use of school facilities, please contact the Assistant Superintendent of Administration, Personnel & Operations, at 733-2700.

Insurance Information: I have read the **Prince George County School Board Rules and Regulations** and agree to be responsible for any damage to the BUILDING, GROUND AND/OR EQUIPMENT. A **Certificate of Insurance** will be required for the use of facilities, naming Prince George County Public Schools as an additional insured. The **Certificate of Insurance** must bear a minimum of one-million dollars liability coverage, unless otherwise requested.

**APPLICANT IS TO COMPLETE ALL ITEMS. TYPE OR PRINT (Please print clearly)**

*\*Please attach schedule/flyer for events*

Community Event \_\_\_\_\_

In-House Event \_\_\_\_\_

Date application completed/submitted: \_\_\_\_\_

Is this organization an IRS recognized not-for-profit organization?  Yes  No

Is the copy of the IRS Non-Profit Certificate Provided?  Yes  No

Name of Applicant: \_\_\_\_\_

Organization Federal ID# \_\_\_\_\_

Easiest number to contact (day): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

School Facility Requested:	Elementary Schools:	LL Beazley _____	DA Harrison _____	North _____	South _____	WA Walton _____
	Secondary Schools:	PGHS _____	NBC JHS _____	JEJ MMS _____	PGEC _____	

Specify the Area to be used: \_\_\_\_\_  
 **Indoor** (classroom, library, auditorium, gym/multipurpose room, commons, lighting/sound system, cafeteria, cafeteria personnel, heat/AC, etc.)  
 **Outdoor** (athletic field with/without lighting/sound system, parking lot, custodial clean-up, other buildings/grounds, etc.)

Describe in full the nature of the program to be conducted: \_\_\_\_\_

Total Number of People: \_\_\_\_\_ Amount of Admission to the Event: \_\_\_\_\_ Actual length of performance \_\_\_\_\_

Date(s) to be used: \_\_\_\_\_ Profits will be used for: \_\_\_\_\_ Actual time event will begin \_\_\_\_\_

Hours facility is to be used: \_\_\_\_\_ Total Number of hours that a custodian will be needed: \_\_\_\_\_  
(including set up and clean up)

Is Police Security needed for this event: Yes  No  (The organization is required to secure and pay for their own security for the event.)

Name of the Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone# in case of liability issue: \_\_\_\_\_ Email: \_\_\_\_\_

Upon approval of the application, you will be contacted to discuss the rental fee(s). The application, payment, and certificate of insurance must be received prior to the activity for usage. All requests must be confirmed in writing on this form. **PLEASE ALLOW THREE WEEKS FOR PROCESSING FROM THE DATE THE APPLICATION IS RECEIVED.** Any changes to the application must be done in writing, submitted to the school principal, and immediately shared with the Office of the Superintendent.

**TO BE COMPLETED BY THE SCHOOL/FACILITY OFFICE STAFF FOR SBO PURPOSES ONLY**

*(For school-based activities only):* Any special equipment/technology needed for the event? (Explain)

Name of the Custodian(s) assigned to the event:	<i>SBO USE ONLY</i> Reg/OT pay \$ _____
(if more than 2 custodians, attach information to this form)	Reg/OT pay \$ _____
Custodian(s) assigned are confirmed for overtime, if necessary:	Total costs per hour \$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Approval signatures <i>(from PGHS only)</i> :	Secretary's Signature prior to Application Approval	Date of Approval
____ Theatre Instructor (for auditorium)		
____ Athletic Director (for gym/outdoor facilities)		

Recommended by the School Administration for Approval
  Not Recommended by the School Administration for Approval

School Principal's Signature	Date of Approval
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**-SCHOOL BOARD OFFICE USE ONLY-**

**SUPERINTENDENT/DESIGNEE TO COMPLETE**

The facilities requested above are available on the date(s) requested:      Yes       No

School Food Service charges are to be assessed:      Yes       No

Total Hours confirmed for job completion: \_\_\_\_\_ hours (x) required estimated Custodial Personnel Fees: \$ \_\_\_\_\_

Required Operations Fees for Specific Areas to be Used: \$ \_\_\_\_\_

Total Estimated Costs to be remitted by the applicant prior to the event: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Total Paid	Check No.	Date Received
Superintendent/Designee's Signature for Application Approval		Date of Approval

<b>APPLICATION:</b> SBO APPROVED _____ SBO NOT APPROVED _____	<b>EXTENSION OF TIME NEEDED FOR:</b> Air Conditioning _____ Heat _____
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cc from SBO:      C&M Administrative Secretary (front & back page /all), Clerk of the School Board (all), and facility to be used (all)

cc from PGHS:      applicant (front page only) and custodian (all)

Adopted: August 8, 2005  
Revised: December 14, 2009; December 13, 2010