

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 Director of 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: Yes <input type="checkbox"/> No <input type="checkbox"/>	Total costs per hour \$ _____

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)				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">____ Recommended by the School Administration for Approval</td> <td style="width: 50%; text-align: center;">____ Not Recommended by the School Administration for Approval</td> </tr> </table>			____ Recommended by the School Administration for Approval	____ Not Recommended by the School Administration for Approval
____ Recommended by the School Administration for Approval	____ Not Recommended by the School Administration for Approval			
School Principal's Signature	Date of Approval			

-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	

APPLICATION: SBO APPROVED _____ SBO NOT APPROVED _____	EXTENSION OF TIME NEEDED FOR: 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)