

**APPLICATION PROCEDURES FOR USE OF SCHOOL FACILITIES
Calvert County Public Schools**

NAME OF ORGANIZATION _____

DATE OF APPLICATION _____

SCHOOL OR BUILDING REQUESTED _____

EXACT PURPOSE FOR WHICH USE IS REQUESTED _____

PRICE OF ADMISSION (if any) _____ APPROXIMATE NO. ATTENDING _____

SPECIFICS OF REQUEST

DATE	TIME REQUIRED		AREA or TYPE OF FACILITY (Please Check ✓)								
	Doors Open	Doors Closed	Media Center	Class-rooms	Auditorium	Multi-purpose Room	Gym	Field/Tennis Courts	Kitchen*	Equipment	Inside Rest-room
Total Hrs.											

*If kitchen facilities are requested, a Kitchen Use Form must also be completed.

ESTIMATED CHARGES FOR ACTIVITY REQUESTED

(To be completed by principal)

<u>HOURS</u>	<u>TYPE OF FEE</u>	<u>RATE</u>	<u>FEE</u>
_____	Staff Member Fee	_____	_____
_____	Cafeteria Personnel Fee	_____	_____
_____	Technical Personnel Fee	_____	_____
_____	Building Rental Fee	_____	_____
_____	Utility Fee (Lighting, Heating/AC)	_____	_____
_____	Equipment Fee	_____	_____
_____	Field/Parking Lot Fee	_____	_____
_____	Administrative Fee	_____	_____
	TOTAL ESTIMATED CHARGES		_____*
	Less Security deposit (collected by school official)		
	TOTAL AMOUNT DUE		_____

Community #8120.2

Procedures Written: 8/12/76

Procedures Revised: 6/1/76; 10/8/87; 5/14/98; 1/13/05, 5/26/06, 7/18/08, 8/07/08; 6/1/11; 7/31/14; 12/10/18

*A security deposit payable to Calvert County Public Schools is required to complete the application process. A notice of payment due will be forwarded after the activity is completed and exact charges tabulated. Immediately following the use of a facility, an authorized representative of the user organization shall sign a "Use of Facilities Verification Sheet" as provided by CCPS.

PERSONNEL ASSIGNED (FOR SCHOOL USE ONLY)
STAFF _____
CAFETERIA PERSONNEL:

TECHNICAL SUPERVISOR _____
TECHNICAL SUPPORT _____

LIABILITY INSURANCE (FOR APPLICANT'S USE ONLY)
NAME OF COMPANY _____
POLICY NUMBER _____
AGENT _____
ADDRESS _____

PHONE NUMBER _____
EFFECTIVE DATE(S) _____

Tax Exempt (FEIN) # _____ (for non-profit organizations)

Please read and check the following:

† We, the undersigned, are duly authorized representatives of the organization indicated on this application and assume responsibility and all liability in the use of the facilities. We have read and agree to abide by all rules and regulations governing their use. We agree to pay to the Board of Education of Calvert County all expenses specified for this use, and to provide the necessary insurance coverages. We further agree to waive all claims for damage to our goods and merchandise upon or about the building or grounds and covenants and to indemnify and save and hold harmless the Board of Education of Calvert County for any suit, claim, or demand as the result of Bodily Injury or Property Damage arising out of the use of said premises during our occupancy.

Please read and check the following if appropriate:

† We are a Youth Sports Program organized for recreational athletic competition or instruction for participants who are under the age of 19 years. For all activities beginning July 1, 2011, we intend to comply with all of our athletic activities with the requirements for the management of a concussion or other head injury of a participant as required by Subtitle 5 section 14-501 of the Health – General Article, *Annotated Code of Maryland*.

 Print or Type Name of Officer, Title

 Print or Type Name of Officer, Title

 Signature of Officer, Title

 Signature of Officer, Title

 Mailing Address

 Mailing Address

 Phone

 Phone

Type of Identification Given: _____

*THIS FORM MUST BE SUBMITTED ON YELLOW PAPER AND IN TRIPLICATE TO THE BUILDING PRINCIPAL AT LEAST FOUR (4) WEEKS PRIOR TO DATE OF USE.

APPROVED

Principal

Board of Education Representative

Date

Date Approved

Approved: _____ Denied: _____

If Denied, Why? _____