Northampton County Schools

\_\_\_ Non-School Group

\_\_\_ Non-School P.I. Agency

\_\_\_ Government Agency

**FACILITY USE APPLICATION**

Application Date:

School Requested:

Space(s) to be used:

Equipment needs:

Number of persons expected:

Purpose of Rental:

Name of User/Organization:

Check One: will fees be charged at this event? Yes No

Contact Person: (Please Print)

Name: Telephone No.:

(Day Time)

Address: Telephone No.:

(Evening)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month(s)** | **Specific Date(s)** | **Time of Entry** | **Time of Departure** | **Total Hours** |
|  |  |  |  |  |
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**I HAVE READ BOARD POLICY (on back) AND AGREE TO THE FOLLOWING:**

* To abide by Board Policy governing facility use.
* To pay invoice at least two working days after use of the facility.
* To be billed for damages and additional hours utilized by agency beyond contract hours stated above.
* To pay a $50.00 security deposit. The deposit will be applied to the invoice.
* In the event of cancellation within forty-eight (48) hours of the activity, the security deposit is non-refundable/non-transferable.

Signature Date

\_\_\_ Approved \_\_\_ Approved

\_\_\_ Denied \_\_\_ Denied

School Principal Date Central Office Approval Date

**TO BE COMPLETED BY SCHOOL PRINCIPAL**

Personnel Required (indicate numbers)

\_\_\_ Custodian; \_\_\_ # hours \_\_\_ Cafeteria Employee; \_\_\_ # hours

\_\_\_ Facility Supervisor; \_\_\_ # hours \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_; \_\_\_ # hours

\_\_\_ Technician; \_\_\_ # hours \_\_\_ None

Comments/Special Instructions:

Attachments: ­­­ $50.00 Security Deposit Insurance Policy Other