



LINCOLN COUNTY SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL FACILITIES

1. Name of school requested: _____ What facilities are requested: Classroom [] Kitchen []
Gym: [] Multipurpose Room: [] Field/lawn/stadium: [] Other: _____

2. Organization requesting use: _____ Phone: _____
Name of person making application: _____
Address: _____ Billing address (if different): _____

3. Date(s) facility is to be used: _____ Hours: From _____ To _____

4. What is the nature or purpose of this usage: _____

5. Name of adult supervisor(s): _____

Will there be admission, collection, or funds solicited? Yes [] No [] If admission: Adults: \$ _____ Children \$ _____

Proceeds to be used for: _____ Projected profit: \$ _____

6. AGREEMENT: The undersigned hereby makes application to the Lincoln County School District for use of school facilities described above and certifies that the information given in this application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees to observe District Board Policies and District Building Rules & Regulations. The applicant agrees to exercise the utmost care in the use of the school premises and property and to hold the Lincoln County School District harmless of all liability resulting from any use of said facilities. The applicant further agrees to reimburse the School District for any damage arising from the applicant's use of said facilities. The applicant must have primary liability insurance coverage in excess of \$1,000,000 and must provide the District office with a certificate of Insurance naming LCSD as co-insured.

7. RULES AND REGULATIONS GOVERNING AFTER SCHOOL USE OF BUILDINGS AND FACILITIES:

- a. No decorations or application of materials to walls or floors will be allowed without prior approval.
b. Profane language, possession of intoxicating liquor, use of illegal drugs, and rowdy conduct shall not be permitted.
c. Gym shoes shall be required for all activity type games held in gym.
d. The applicant is required to remove, at his/her expense, materials, equipment, furnishings, or rubbish left after use of school facilities.
e. Facilities used shall be limited to those specified on the application.
f. Approved Applications for the Use of School Facilities shall be revocable and shall not be considered as a lease.
g. Folding chairs and tables are to be erected and stored by the group using school facilities.

8. PAYMENT OF RENTAL FEES: Rental fees shall be determined by the latest established rental rates. Payment or arrangement for payment will be made at the time the application is completed. A refundable deposit of \$100 must be received prior to facility use. Make checks payable to LINCOLN COUNTY SCHOOL DISTRICT.

9. A paid School District employee must always be in the building during the after school use of facilities requested, except by special arrangement with the Principal. Kitchen use must be approved by Food Service manager and a Food Service employee must be in building when kitchen is requested, except by special arrangement with Food Manager. Applicant must pay for any kitchen staff present.

10. The applicant agrees to advise the supervisor of the activity of all agreements, rules and regulations. Failure to comply with these agreements may result in revocation of application approval.

11. Verification of Insurance: [] attached (see agreement above) [] on file at District Office

Date: _____ Applicant Signature: _____

THE FOLLOWING TO BE FILLED IN BY THE BUILDING PRINCIPAL OR LOCAL SCHOOL COMMITTEE:

Arrangement for facility security: _____

Comments: _____

Approved dates: _____ ESTABLISHED CHARGES: CLASSIFICATION: _____

Application approved [] Application not approved: [] Personnel fee(s): (contact District Office for specific costs)

Table with 2 columns: Facility Name and Amount. Rows include Classroom rental, Kitchen rental, Gym rental, and Fields/lawn/stadium. Each row has a \$ sign and a blank line for the amount.

Signature(s): _____

Date: _____

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Copy Distribution: Applicant, Building, Fiscal Services

Other: _____ \$ _____

Total Charge: \$ _____