

APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES - JOINT USE

(<u>To be used for</u> Thomas Jefferson, Gunston, Drew, Hoffman-Boston, Langston)

APPLICATION MUST BE SUBMITTED TO THE FACILITY COORDINATOR NO LESS THAN 20 DAYS BEFORE EVENT. IF APPROVED, ALL FEES AND OTHER REQUIRED INFORMATION MUST BE SENT TO THE FACILITY COORDINATOR AT THE SPECIFIC JOINT USE FACILITY 14 DAYS PRIOR TO THE SCHEDULED EVENT.	CALCULATION OF FEES BY SCHOOL PERSONNEL Group 1 Group 2 Group 3 Group 4 Group 4 Group 7 Group 9 Group
School/Facility requested	
Name and Title of Person in Charge of Activity	1. RENTAL No. x Hrs. x Fee = \$
Address	a. Auditorium Clean-up fee
(street) (county/city) (state) (zip code)	b. Auxiliary Gymnasium
Phone(office) (home)	Clean-up fee c. Black Box Theatre
Email	Clean-up fee
2. Individual or Organization	d. Cafeteria/MPR Clean-up fee
Specific space requested: (note: custodial charges will occur outside of normal building hours)	e. Classroom/Conference room
Additional <u>Special</u> Rental Personnel Equipment/Service	Clean-up fee
Auditorium	f. Classroom – Specific purpose Clean-up fee
Auxiliary Gymnasium	g. Gym Clean-up fee
Black Box Theatre	h. Kitchen
Cafeteria/MPR Classroom/Conference room (General Use)	Clean-up fee
Classroom (Specific use) (art, computer lab, music, etc.)	i. Thomas Jefferson Gymnasium Clean-up fee
Gym(excludes Washington-Lee)	j. Washington-Lee Gymnasium Clean-up fee
(excludes washington-Lee) Kitchen Cafeteria Manager	k. Swimming PoolsSubtotal \$
Thomas Jefferson Gym	Sublotal g
Washington-Lee Gym	2. PERSONNEL No. x Hrs. x Fee = \$
Swimming Pools	a. Custodian – time & one-half h. Custodian – double time
Activity date(s)	c. Cafeteria Manager
Date Hours (Beginning) Hours (Ending)	d. Facility Event Coordinator e. House Manager
Date Hours (beginning) Hours (Ending)	f. Maintenance Technician g. Audio/Visual Equipment
	Technician h. Assistant Audio/Visual
·	Equipment Tech i. Student Technician
·	Subtotal \$
·	A ADEQUA FEFO FOUNDATIVE OLABORA
	3. SPECIAL FEES/EQUIPMENT CHARGES Use/
5. Tune of eath ith	No. x Hrs. x Fee = \$ a
Type of activity Is the organization a non-profit? No Yes (must provide evidence of non-profit status)	b c
	d
7. Is there a third-party contract or arrangement with a profit-making individual or organization?	Subtotal \$
Yes No 8. Will the user collect fees? Yes No	From: School
Will the user collect fees? Yes No Admission: Adults \$ Children/Youth \$	Approved Disapproved
9. Number of people projected to attend: Adults Children/Youth	
10. Does the organization have General Liability insurance coverage? Yes No	Signature of Principal/Designee
(proof of coverage required – please see PIP 40-1.19 for specific information)	Reasons for Disapproval
The undersigned agrees that he or she is familiar with, and will abide by the current version of APS	FACILITY COORDINATOR USE
Policy 40-4.19 and PIP 40-4.19.1. The undersigned also agrees that he or she is authorized to sign below on behalf of any organization listed in item 1, and that such organization will be liable for any and	TAGILITI GOOKDINATOR GGE
all claims, damages, or expenses resulting from use of the school facility, including, but not limited to, damages to School Board property and costs, attorney's fees, expenses or damages resulting from the	IRS 501(c)3 form submitted Yes No N/A
user's failure to comply with this agreement or any federal, state, or local law, regulation, or other requirement. The undersigned shall be personally liable for such obligations in the event that there is no	Liability insurance policy submitted Yes No N/A
organization listed in item 1, any such organization is not a valid legal entity, or any such organization is otherwise unable to pay. The undersigned shall ensure the prompt and proper adjustment of all such claims.	Fees Received: Amount \$ Date
	Fees to Finance: Custodial/Cleanup \$ Room Rental: \$
(signature) (position) (date) NOTE: When schools are closed because of inclement weather, APS and PRCR may agree to open joint-use buildings if weather conditions are conducive for opening and do not jeopardize the health and safety of staff or residents.	Additional Personnel \$ Special Fees/Equipment \$