

**TODAY'S DATE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **at** \_\_\_\_\_  
(name of person submitting form) (name of school)

**USE OF SCHOOL FACILITIES**

(To be completed by person requesting use of facilities AND responsible for payment [if required].)

**FACILITY:** \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_  
 Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 Activity Planned: \_\_\_\_\_ Date(s) Facility is Needed: \_\_\_\_\_  
 Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

**Special Instructions, Requests, Etc: (attach information)**

**IMPORTANT INFORMATION AND ACKNOWLEDGEMENTS:**

I, the undersigned, acting as the representative of the (group or organization) agree that this group/organization will abide by all rules and regulations of the Tazewell County School Division and will assume full liability for any personal injury or damage to the facility resulting from the use of the school facility on the following approved date(s). **I understand that fees charged do not include security, protection against vandalism, or destruction of property.** The organization and/or as the responsible party using the school facility will be held accountable. **I have attached a copy of my current insurance coverage verifying a minimum of \$1,000,000.00 in liability coverage to this request.**

I have secured any state or local license(s) required to conduct the activity for which the facility is requested. I further agree that I will be responsible for checking fire exits to ensure they are open and clear of obstruction, making sure that aisles and doorways are not blocked by tables, chairs or other items. The number of occupants will not exceed the posted occupant capacity. No flammable decorative materials will be used for the activity. **An audible public announcement, pointing out the fire exits, will be made ten minutes prior to beginning the activity.**

**CHARGES – USE OF FACILITY** - No charge, except for custodial services, will be made for the use of school facilities by student organizations, recognized teacher or school personnel groups, parent-teacher associations, school-sponsored organizations, or other youth groups approved by the superintendent. A fee of \$15 per hour will be charged all other groups for use of a facility.

**CHARGES-CUSTODIAL SERVICES** - As a part of this agreement, one responsible full-time employee of the school division shall be designated to open and close the building and remain on duty while the building or premises is occupied. If the services of more than one employee are required, there will be an additional charge. Services will be computed at time and one-half of the regular rate of custodians.

**PROCEDURE FOR PAYMENT** - **Please do not pay the school or custodian.** You will be billed from Central Office.

\_\_\_\_\_  
 Signature of Responsible Party Date Submitted

**To be completed by Principal:**

Principal verified on school calendar \_\_\_\_\_  
 Principal verified insurance coverage (attach coverage declarations page to this request) \_\_\_\_\_

\_\_\_\_\_ REJECTED \_\_\_\_\_ APPROVED \_\_\_\_\_  
PRINCIPAL DATE

**For Central Office Use**

\_\_\_\_\_ REJECTED \_\_\_\_\_ APPROVED \_\_\_\_\_  
IMMEDIATE SUPERVISOR (CENTRAL OFFICE) DATE

\_\_\_\_\_ REJECTED \_\_\_\_\_ APPROVED \_\_\_\_\_  
SUPERINTENDENT / DESIGNEE DATE

Use of School: \_\_\_\_\_ Custodial Services: \_\_\_\_\_ Fee Charged: Y or N If yes, amount \_\_\_\_\_

Payment Amount Received (if applicable) \_\_\_\_\_ Date Payment Received (if applicable) \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **at** \_\_\_\_\_  
(name of person submitting form) (name of school)

**FUND RAISING ACTIVITY APPLICATION**

**(To be completed by person requesting use of facilities AND responsible for payment [if required].)**

**SCHOOL:** \_\_\_\_\_ **ORGANIZATION:** \_\_\_\_\_

1. Explain the purpose of your project: \_\_\_\_\_
2. How will the funds be raised? \_\_\_\_\_
3. How will proceeds be used? \_\_\_\_\_
4. How is this activity compatible with school division objectives? \_\_\_\_\_
5. Does the project support school division curricular objectives: Y or N    athletic objectives: Y or N

**VENDOR INFORMATION**

1. Vendor name, address, phone number and contact person's name: \_\_\_\_\_
2. Has the vendor conducted a fund raiser with Tazewell County Public Schools in the past? If yes, list the date and school: \_\_\_\_\_
3. Type of Business? \_\_\_\_\_
3. If this is a **new** vendor please provide three references:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
4. Is this an: individual/ sole proprietorship, partnership, corporation, or non-profit organization? (Circle One)
5. Is there a conflict of interest between school/club sponsor and vendor? Y or N (If yes, explain: \_\_\_\_\_)
6. List the profit / commission expected to be received. (example 30% of all proceeds) \_\_\_\_\_

**INSTRUCTIONS FOR FUND RAISING BY STUDENTS**

- A. GENERALLY** – Fund raising activities by school-related organizations that require and/or encourage students or others to engage in selling or merchandising items commercially available in the community are prohibited. Exceptions may be granted by the superintendent or designee. Soliciting funds in the name of the school is also prohibited. Any other types of fund raising activities must have the prior approval of the superintendent or designee. A request to engage in fund raising activity shall be submitted to the superintendent or designee by the building principal no fewer than 15 days prior to the scheduled activity. The superintendent or designee will consider approval of the request based on:
- 1) the need of the organization for funds
  - 2) the use the organization plans to make of the funds
  - 3) the name of the fund raising activity
  - 4) the extent to which the activity is compatible with school division objectives
- B. SOLICITING ADVERTISEMENTS** - All school-related organizations must have approval from the superintendent and principal prior to soliciting advertisements from local merchants.
- C. USE OF FUNDS** - No school or school employee may accept funds from any organization that does not follow these guidelines.

Signature of Responsible Party		Date Submitted	
_____ REJECTED	_____ APPROVED	_____ PRINCIPAL	_____ DATE
_____ REJECTED	_____ APPROVED	_____ IMMEDIATE SUPERVISOR (CENTRAL OFFICE)	_____ DATE
_____ REJECTED	_____ APPROVED	_____ SUPERINTENDENT / DESIGNEE	_____ DATE