

**REQUEST FOR USE OF SCHOOL FACILITIES**

Complete all information, sign and return to the superintendent's office at least 10 business days prior to proposed date(s) of use.

Name of organization: \_\_\_\_\_

Name of individual completing application: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type facility for which use is being requested (check all as appropriate):

\_\_\_\_\_ Gymnasium      \_\_\_\_\_ Cafeteria      \_\_\_\_\_ Kitchen      \_\_\_\_\_ Classroom

Other (specify): \_\_\_\_\_

Date(s) facility use is requested: \_\_\_\_\_

from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Type of activity, event or meeting: \_\_\_\_\_

Maximum attendance expected: \_\_\_\_\_ Admission (will / will not) be charged (*circle one*).

Profit will be used for: \_\_\_\_\_

In making application for use of the above facility, I have received a copy of board policy KF as well as exhibits KF-E(1), KF-E(2) and KF-E(3) governing use of school facilities. I personally accept, and accept on behalf of the organization I represent, full responsibility for use of the school facility and for the observance of the rules as set forth in board policy KF and exhibits KF-E(1-3).

I hereby expressly agree, individually and on behalf of the organization I represent, to hold harmless, indemnify, release and discharge Florence County School District Five, its agents, servants and employees from any and all liability or responsibility for any injuries, damages, claims or causes of action arising out of the use of school or district facilities in any manner. I and the group I represent agree to be fully responsible for the same.

\_\_\_\_\_  
*Signature of individual making application*

\_\_\_\_\_  
*Date*

I hereby approve the above request for use of school facilities and will ensure that the school responsibilities established in Florence County School District Five board policy and exhibits are followed.

\_\_\_\_\_  
*Signature of superintendent*

\_\_\_\_\_  
*Date*

**Charges**

Use fee: \_\_\_\_\_

Custodian(s): \_\_\_\_\_

Other (list): \_\_\_\_\_

Total: \_\_\_\_\_

Payment received: \_\_\_\_\_