APPLICATION FOR USE OF SCHOOL FACILITIES

SCHOOL:_____________________________________________________________________________________

1. Organization/Individual Name:_____________________________________________________________________________________(Must be 18 years or older)

2. Organization/Individual’s Authorized Representative:
   Name:_____________________________________________________________________________________
   Address:_____________________________________________________________________________________
   Telephone:____________________________________(day)__________________________________(evening)

3. Purpose for which facility will be used:_____________________________________________________________________________________
   Date(s)_____________________________________________________________________________________
   Number of hours____________________________  Times:___________________________________________

4. Area of Facility to be used:
   Dining Rm   __________     Media Center   __________    Auditorium __________    Athletic Field_________
   Kitchen        __________     Classroom(s)   __________    Gymnasium  _______ ___    Other________________

5. All users, except school sponsored groups, must furnish a certificate of insurance for general liability coverage with total limit coverage of $1 million for each claim made. The Randolph County Board of Education should be listed as additional insured.
   School Sponsored Group_________ Non-School Sponsored Group_________

6. *Fee charged for use of facility:__________ Category__________ hrs. x ___________ rate = $____________Total

7. *Indicate school employees needed:  C/N_______________________ Custodial________________________
   If Kitchen is used, C/N (Child Nutrition) employee must be present during event.

8. *Principals shall identify any special conditions under which the facility is to be accepted:
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

9. *Forward completed and signed application along with fees and certificate of insurance to Randolph County Schools, 2234-B Enterprise Street, Asheboro, NC  27205 or Fax (336) 318-6079, for final approval.
   (* Areas to be completed by Principal)

NOTICE: Effective August 1, 2008, all Randolph County Schools campuses are tobacco free.

I have received a copy of the Randolph County Board of Education’s rules governing the use of school facilities. I understand these rules and agree to abide by them. (Applicant must read before signing)

   Applicant/Activity Supervisor__________________________________________ Date_____________

   Principal/Designee__________________________________________ Date_____________

   Central Office Official__________________________________________ Date_____________

Revised: June 2008