

USE OF SCHOOL FACILITIES

Date: February 13, 2017

⚡This section to be completed by person, group or organization seeking use of school facilities⚡

Name of Organization:	Contact Person:
Address of Contact Person:	Phone # of Contact Person:
School Requested:	Facility(ies) requested: (please check all areas your group/organization will use)
Purpose of Facility Use:	Actual Date(s) and time for each use of the facility(ies)-Including practices & performances and decorating:
Will participants be charged a fee? No _____ Yes _____ Amount \$ _____	Estimated number of participants and spectators? _____/_____

⚡This section to be completed by the Principal of the facility(ies) being requested.⚡

CHARGES		DEPOSITS	AMOUNT	NUMBER	EXTENSION
Custodians	Per man hour		\$ 16.00		
Facility Manager	Per 8 hour day		\$ 140.00		
Technical Aids	Per man hour		\$ 10.00		
Auditorium	Per day \$500.00 Security Deposit		\$ 1500.00 base fee/ \$250.00 per hour after 4 hours		
Cafeteria	Dining Area Only per day \$250.00 Security Deposit		\$ 500.00 base fee/ \$100.00 per hour after 4 hours		
Cafeteria	Dining Area & Kitchen per day Must have lunchroom worker on site. \$500.00 Security Deposit		\$ 750.00 base fee/ \$100.00 per hour after 4 hours		
Gym			\$750.00 base fee/ \$150 per hour after 4 hours		
Football Stadium No portable stages/ no vehicles on field			\$1000.00 base fee/ \$250 per hour after 4 hours		
Cafeteria Manager	Per 8 hour day		\$ 125.00		
Add Classrooms/Bandroom or locker rooms	Per room per day		\$ 50.00		
Media Center	Per day \$500.00 Security Deposit		\$ 250.00		
Security (Organization requesting use of facility <u>must</u> provide. Note on the back of the contract the amount and method of security to be used.)					
Other (Describe)					
TOTALS (Deposits are due upon signing this contract.)					

LCHS Multi-Purpose facility is not available for rental.

Total Extended Charges due within three (3) days of notification of Board Approval.
Failure to submit funds within this time frame will result in the cancellation of this request.

I (we) hereby agree to abide by all Board of Education policies pertaining to the use of school facilities of the Lee County Board of Education (Policy KG is attached). Further, I (we) agree that in the event of damage to or loss of school property or injury of personnel in attendance during its use by us, said damage, loss, or injury fees will be paid for in full by my/our organization. I (we) understand that no alterations will be made to the Lee County School Facility(ies). I also understand that according to Board of Education policy all school facilities are smoke/tobacco and drug free facilities.

_____ Signature of Person Responsible for Payment	_____ Date	_____ Principal's Signature	_____ Date
		Principal's Recommendation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Principal's Comments:	
		Board Approval Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Board Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Superintendent's Signature	_____ Date	Date Approved:	_____

Certificate of Insurance has been provided or will be provided before event. (liability coverage)

Send completed request with Principal's signature & recommendation to Superintendent's Office. A copy will be returned to the principal of the facility being requested, the maintenance department, and the contact person on this contract.

MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF EDUCATION.

YOUR SECURITY DEPOSIT WILL BE DEPOSITED INTO THE BOARD'S ACCOUNT.