POWHATAN COUNTY PUBLIC SCHOOL Application for Use of School Board Facility

Application to use school board facilities must be completed and submitted to the Principal of the school building or, in case of another facility, the supervisor of that facility. In order to properly process this application it **must be submitted 18 days prior** to the scheduled event. The applicant must read the School Board Policies and Regulations that accompany this application. Payment for the use of facilities is payable to the Powhatan County School Board and is **due prior to the event**. Proof of third party liability insurance (\$1,000,000.00 minimum) **must be attached to this application for it to be considered**.

APPLICANT AND ORGANIZATION INFORMATION (Please Print)

Name of Applicant	Home Phone Number
Address of Applicant	Cell or Work Number
	Email Address
Organization Name	Relationship to Organization
Address of Organization	profit organization? Yes No
Name of Organization's Liability Insurance Carrier	Coverage Dates
Coverage Amount	Policy Number
EVENT INFORMATION	
Name of Event—	
Description of Event	
Date(s) of Event	
Start Time of Event	End Time of Event
Set-Up Time of Event ————————————————————————————————————	Breakdown Time of Event ————————————————————————————————————
Number of Attendees Amount of Admission	
School Facility Requested Specific Room(s) to be Used (Example: Gym, Auditorium, Cafete Specific Area(s) to be Used (Example: Players and Playing Field	eria, Commons, Classrooms, etc)
(Example: Playground, Playing Fiel	ds, Parking Lot, etc)
I have read and thoroughly understand all the School Board Fagree to have my organization enforce all rules which are apposed the Powhatan County School Board, and I agree to accept and/or equipment. A Certificate of Insurance indicating a miunderstand that the liability insurance exceeding \$1,000,000	plicable to this use. This permit is requested under the rule responsibility for any damage of the building, grounds, nimum of \$1,000,000.00 liability coverage is attached. I
Signature of Applicant	Date
OFFICE U	SE ONLY
Date Application was Received	-
Requested Facility Available on dates Requested Yes No	Signature of Principal Date Approved Not Approved
Staff Needed: Security Custodial Food Service	□Approved □ Not Approved
Comments:	
	Signature of Superintendent or Designee Date
Building Usage Fee and Staff Compensation Fee \$(Fee Breakdown will be attached to approved application)	☐ Approved ☐ Not Approved