

APPLICATION FOR USE OF SCHOOL FACILITIES

(please read board policy 5030 and the FEE SCHEDULE (copy attached) before completing this application)

SCHOOL SITE: _____

FACILITY TO BE USED: _____

DATE(S) REQUESTED FOR USE: TOTAL LENGTH OF TIME FOR FACILITY USE:

Date _____ From _____ To _____
Date _____ From _____ To _____
Date _____ From _____ To _____

USER/ORGANIZATION: _____

MAILING ADDRESS: _____

NAME OF INDIVIDUAL RESPONSIBLE FOR RENTAL: _____

TELEPHONE: _____ EMAIL: _____

PURPOSE OF FACILITY USE: _____

USER/ORGANIZATION IS: (check one) Non-Profit Profit Church Affiliated

WILL ADMISSION BE CHARGED: Yes No
If yes, how will be the proceeds be used? _____

I have read the Madison County Board of Education Policy and agree to abide by said policy. I further agree to pay the rental fee seven (7) days before the scheduled event or the facility use request will be cancelled. Notice of cancellation must be provided 48 hours in advance.

Applicant's Signature _____ Date _____

PERSONNEL REQUIRED (check all that apply) Custodian (s) Cafeteria Staff
AV Technician Other _____

General Liability Policy Attached Yes No N/A

Copy of Waiver of Liability Attached Yes No N/A

PRINCIPAL'S SIGNATURE _____ DATE _____

SUPERINTENDENT/DESIGNEE APPROVAL _____ DATE _____