

VIRGINIA BEACH CITY PUBLIC SCHOOLS
APPLICATION FOR USE OF SCHOOL FACILITY

1. TO BE COMPLETED BY APPLICANTS

- a. Requesting organization _____
- b. Type of activity or program _____
- c. Name of School requested _____
- d. Rooms or facility requested _____
- e. School equipment requested _____
- f. Date(s) _____ Hr. to be Opened: _____ Hr. to be Closed: _____
 Date(s) _____ Hr. to be Opened: _____ Hr. to be Closed: _____
- g. Number of people expected _____ Admission or Donation Charged _____

This is to certify that I have on this day received a copy of the School Facility Use guidelines (Section 24 of the Business Manual), which I have read and fully understand my responsibilities. I certify that the proposed and planned program or meeting will be conducted on a completely non-discriminatory basis and that no person will be denied admission or attendance on basis of race or national origin. I understand the regulations governing use of the facility and hereby assume full responsibility for meeting and complying with all regulations. On signing this application, the requesting organization agrees to indemnify and hold harmless, the School Board and officials, its agents, employees, and volunteers from any and all claims arising out of the use of the school facilities, including all costs, losses, and expenses, which shall include litigation expenses and reasonable attorney's fees.

Signature of Authorized Applicant- (Must be printed and signed)

 Printed Name of Authorized Applicant

 Date Day Phone No. Address of Applicant Zip Code

Email Address - Required:

2. TO BE COMPLETED BY SCHOOL PRINCIPAL

- a. Application is: Approved Disapproved (if disapproved/reason stated below)

- b. Principal signature _____ Date _____
- c. Custodial overtime needed? Yes No (if yes, enter name here) _____
- d. Specific instructions _____

3. TO BE COMPLETED BY SCHOOL RENTALS

- a. Application is: Approved Disapproved (if disapproved/reason stated below)

- b. Signature _____ Date: _____
- c. Date Check Received: _____ Check No. _____ Check Date: _____
- d. CHARGES: License Fee \$ _____ Custodial Services \$ _____ TOTAL \$

MAKE CHECK PAYABLE TO:
VIRGINIA BEACH CITY PUBLIC SCHOOLS
 Attention: School Rentals
 P.O. Box 6038
 Virginia Beach, VA 23456
 Phone (757) 263-1190