

Dorchester School District Two Facility Usage Reduced Fee Request Form

FOR DISTRICT OFFICE USE ONLY	
Waiver Approved: _____	Reduced Fee Approved: _____ (amount included)
Waiver NOT Approved: _____	
Name of School Approver: _____	Date: _____
Name of District Approver: _____	Date: _____

General information:

Requesting Organization: _____

Organization Contact Name: _____

Organization Telephone Number: _____

Organization Email: _____

Type of Organization:

501(c)(3): _____ 501(c)(4): _____ Government Agency: _____

Organization Providing Services for Students of DD2: _____

Reason for Waiver Request (Please indicate how your organization directly supports Dorchester School District Two Students):

I certify that all of the above statements are true and accurate to the best of my knowledge. I understand that false statements made on this application or any other to Dorchester School District Two may result in denial of facility usage privileges. I understand and agree that waiver of the facility usage fee does not constitute a waiver of the custodial/maintenance fees and other associated or required fees. I further understand that waiver of the facility usage fee does not constitute a waiver of any other rule, regulation, and policy regarding usage.

Signature

Date

Dorchester County School District Two