



Washington County School District

Request for Use of School Facilities

Name of Applicant and Business: _____ Date of Application: _____
 Address: _____ Approx. Number of People: _____
 Cell Phone: _____ Requested Building/School: _____
 Type of Activity: _____ Facilities will be used by: _____

EMAIL ADDRESS: _____

Date(s) Requested	Year	From		To	
		a.m.	p.m.	a.m.	p.m.

TO BE COMPLETED BY PRINCIPAL OR WCSD REPRESENTATIVE

FACILITY	Rental Fee/Hour or MAX	Hours	For School Use Only
			\$
			\$
			\$
			\$
			\$

Facility Total: \$

PERSONNEL FEE (Hourly Charge) IMPACT FEE (Charged on non-school days per policy 5200)	PERSONNEL FEE/Hour or MAX IMPACT FEE/Hour or MAX	Hours	For School Use Only
			\$
			\$
			\$
			\$

Personnel/Impact Fee Total \$

COMBINED TOTAL TO BE PAID: \$

AGREEMENT

Read and sign the Agreement on the SECOND PAGE - Signature of applicant, principal, and/or district administrator are required.

APPLICANT'S NAME AND ADDRESS	INSURANCE \$1,000,000.00 PRIMARY per occurrence and \$2,000,000.00 AGGREGATE LIABILITY insurance is required. "School Name" and "Washington County School District" should be listed as "Additional Insured" on a primary/non-contributory basis. Amendments, Endorsement Changes and Exclusions will void this contract.
Name: _____	Insurance Company: _____ Policy Holder: _____
(Street Address) _____	
(City) _____ (State) _____ (Zip) _____	
Signature _____	

PRINCIPAL'S RECOMMENDATION

DISTRICT ADMINISTRATOR'S APPROVAL

Date of Approval: _____	_____
(School Administrator's Signature)	(District Director's Signature)

PAYMENT: Make checks payable to Washington County School District and submit all payments to the school along with required documentation at least 2 weeks prior to event. If rental is on-going, payment is required month to month at least 2 weeks prior to the beginning of the month. Failure to provide paperwork, insurance, and/or payment may result in cancellation of the facility rental.

Signed Agreement Received Insurance Received Payment Received