

## **Washington County School District**

## **Request for Use of School Facilities**

Address: Cell Phone: Type of Activitiy	Requested Building/School	• •		ole:				
Cell Phone:	Requested Building/School	ool:		Approx. Number of People:				
Type of Activitiv	المحمد حط النب محاللة	one: Requested Building/School:						
Type of Activity	Facilities will be used t	oy:						
EMAIL ADDRESS:								
Date(s) Requested	Year	From		То				
		a.m	p.m.	a.m	p.m.			
		a.m.	p.m.	a.m	p.m.			
		a.m	p.m.	a.m	p.m.			
		a.m	p.m.	a.m	p.m.			
		a.m	p.m.	a.m	p.m.			
	INCIPAL OR WCSD REPRESEN			For School Use	Only			
FACILITY	FACILITY Rental Fee/Hour Hours			For school use only				
			\$	j				
			, t					
			\$	)				
			\$	<u> </u>				
		Facility 1	Total:	)				
PERSONNEL FEE (Hourly Charge) IMPACT FEE (Charged on non-school days per policy 5200)	PERSONNEL FEE (Hourly Charge) PACT FEE (Charged on non-school days per policy 5200) PACT FEE (Charged on non-school days per policy 5200)  PERSONNEL FEE / Hour IMPACT FEE / Hour			For School Use Only				
			\$	<u> </u>				
			\$	) )				
			\$	)				
			\$	)				
	Personnel	/Impact Fee	Total \$	,				
	GREEMENT							
Read and sign the Agreement on the SECOND PAGE - Sign APPLICANT'S NAME AND ADDRESS	gnature of applicant, principal, and/or di	istrict administrator ar	e required.					
Name:	AGGREGATE LIABIL "Washington County S Insured" on a primary/no	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.						
(Street Address)	Insurance							
(City) (State) (Zip)	Company:							
 Signature	Policy Holder:							
PRINCIPAL'S RECOMMENDATION	DIST	RICT ADMINISTRAT	OR'S APPR	ROVAL				
Date of Approval:								
(School Administrator's Signature)	1)	(District Director's Signature)						
PAYMENT: Make checks payable to Washington County School District and prior to event. If rental is on-going, payment is required month to month at le insurance, and/or payment may result in cancellation of the facility rental.  [ ] Signed Agreement Received [ ] Ins			ailure to pr	ovide paperwork,	weeks			

WCSD Form 202 Updated 5/2024