

## **Washington County School District**

**Request for Use of School Facilities** 

Name of Applicant and Business:	ne of Applicant and Business: Date of Application:					
Address:	Approx. Number of People:					
Cell Phone:	Requested Building/School:					
Type of Activitiy	Facilities will be used by:					
EMAIL ADDRESS:						
Date(s) Requested	Year	From	From To			
		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.	
	Y PRINCIPAL OR WCSD REPRESENT			For School Use	Only	
FACILITY	Rental Fee/Hour or MAX	Hours	\$		,	
			\$			
			\$			
			\$			
			\$			
		Facility T	otal: \$			
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		
			\$			
			\$			
			\$			
		/	\$			
		/Impact Fee				
	COMBINED TO	OTAL TO BE I	PAID: \$			
Part and the American Conference DAG	AGREEMENT					
Read and sign the Agreement on the SECOND PAG APPLICANT'S NAME AND ADDRESS				20.000.00		
Name:	AGGREGATE LIABILITY ins "Washington County School Insured" on a primary/non-cont	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)						
(City) (State) (Zip)	Insurance Company:					
Signature	Policy Holder:					
PRINCIPAL'S RECOMMENDATION DISTRICT		T ADMINISTRATOR'S APPROVAL				
Date of Approval:		<u> </u>				
(School Administrator's Signature)	(Dist	(District Director's Signature)				
PAYMENT: Make checks payable to the school and submit all payment payment is required month to month at least 2 weeks prior to the beginn cancellation of the facility rental.	s along with required documentation a	it least 2 weeks pric	or to event. e, and/or pa	ayment may res		

WCSD Form 202 Updated 7/2025