

FACILITY USE APPLICATION

LEE COUNTY SCHOOLS

APPENDIX C

All Facility Requests must be submitted to the Auxiliary Services Department 30 days prior to the event. No advertising until the contract is finalized.

Request Submitted by _____
 Address _____
 School Requested _____ Organization _____
 Daytime Phone Number _____ Fax Number _____
 User: LCS For Profit For Youth Profit Organization Non-Profit Non-Profit Tax ID # _____

Rental Fees: A \$25.00 non-refundable security deposit must be submitted with the application. See Fee Schedule for facility fees. There is a 3 hour minimum for each facility. Classroom space that is occupied by students during the last period of the day will not be available for use until 30 minutes after the school day ends. Rental Fees do not include fees for staff. These staff fees are \$20.00 per hour. Payment is required before use of facility. Make checks payable to Lee County Schools. A criminal background check is required if facility requested prior to 6:00 pm on a school day. Organization is responsible for the fee. Organization will be billed for any extra staff fees above amount requested below and any damages to facilities and/or equipment.

Facility Requested:

- Auditorium
- Multipurpose Room
- Cafeteria: Kitchen
- Dining Room
- Classroom
- Athletic Field (practice field only)
- Other (Specify) _____

- Auxiliary Gym
- Gym

Equipment Required:

- Tables/Chairs
- Public Address
- Screen
- Other (Specify) _____

Availability of equipment subject to site approval. School pianos, spotlights, etc. carry an additional charge.

Exact Dates Requested: _____
 Month Day or Days Year

Hours: _____ to _____ (each day)

Purpose of Use: _____

User groups shall not prohibit attendance at any event, meeting or other function held in public school buildings or facilities or on public school grounds based upon race, religion, color national origin, handicapping condition, pregnancy or marital status. I agree to abide by the Lee County Board of Education regulations and guidelines governing use of school facilities (Appendix B). I also agree to hold the Board of Education harmless for any and all claims for damages, personal or otherwise, that may occur during this organization's use of school facilities. **I also understand and agree that failure to pay for facility use within 10 days of the date billed constitutes cancellation of the reservation.** By signing below, I certify that I am authorized to enter into this agreement with Lee County Schools, on behalf of the above noted organization.

Print Name _____ Signature _____ Date _____

For Office Use Only:

Custodian Hours: _____ CN/CTE/LCS Hours: _____ Facility Fee Waived: _____

Custodian Fee: _____ CN/CTE/LCS Fee: _____ Facility Fee: _____

Total Due: _____

Principal: _____ Date: _____

Superintendent's Designee: _____ Date: _____

Health Department Permits Required: Yes _____ No _____ Copy to Maintenance: _____ Revised: 5/22/12