



# Request for Use of School Facilities

Date \_\_\_\_\_

School \_\_\_\_\_

Name of Employee Scheduled to be Onsite for the Event \_\_\_\_\_

**Witnesseth:** The parties to this agreement have agreed that the following terms and conditions shall be applicable to the agreement to use any of the District facilities described herein. **(BOTH boxes below must be marked)**

- School Board Policy 6Gx53-6.007 & Use of Facilities Administrative Procedures as amended, shall be incorporated by reference into this Facilities Use Agreement and may be found at polk-fl.net. The parties have agreed to be bound by the terms and conditions found herein.
- The following information is presented by the User in order to obtain the required facilities and the User affirms that said facts are true and correct to the best of its knowledge and belief.

Name of Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Dates of Use \_\_\_\_\_ Proposed Times \_\_\_\_\_

Areas Requested \_\_\_\_\_ Hours per Day: \_\_\_\_\_

Purpose of Use \_\_\_\_\_ Total Hours: \_\_\_\_\_

Will admission be charged? If yes, cost? \_\_\_\_\_ Number of attendants? \_\_\_\_\_

**This proposed use of school facilities is recommended for approval as follows:**

SEE APPENDIX A FOR GROUP DESCRIPTIONS AND FEE SCHEDULE

- Group A
- Group B
- Group C
- Group D

Check attached:

Payer \_\_\_\_\_ Ck. # \_\_\_\_\_ Ck. Date \_\_\_\_\_ Amount\* \_\_\_\_\_

\*Fee calculations to be completed by Facilities staff:

Facility Use Fees \_\_\_\_\_ Utility Fees \_\_\_\_\_ Salary/Benefit Costs \_\_\_\_\_ Rental Fees \_\_\_\_\_

Equipment Use Fees \_\_\_\_\_ Security & Damage Deposit \_\_\_\_\_ Sales Tax \_\_\_\_\_

**Required documents included: (SEE USE OF DISTRICT FACILITIES ADMINISTRATIVE PROCEDURES FOR REQUIREMENTS)**

- Required Certificate of Liability Insurance and related documentation is attached.
- Current Certificate of Liability Insurance and related documentation is on file in the Risk Management Department.
- Copy of contract signed by authorized representative of the company/organization and an authorized representative of the School Board of Polk County. (Must include General Liability Insurance requirement.)
- Check made payable to The School Board of Polk County. Upon receipt of invoice.
- Tax Exemption Certificate (if applicable).
- Copy of program/presentation or detailed description of use.
- Description of all equipment that will be brought on campus.

**Required Distribution: 3 copies to the Facilities Use Manager, Facilities and Operations, Route E for approval.**

\_\_\_\_\_  
Signature of Applicant  
Responsible for Event

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Signature of Use of Facilities Manager

**NOTE: THIS REQUEST MUST BE SUBMITTED 14 DAYS PRIOR TO THE FACILITY USE**

Before this agreement becomes effective, it must bear all of the designated signatures of all parties. All agreements expire June 30<sup>th</sup>. Continuous leases **MUST** be renewed at the school prior to June 1.