Revised 11/12/12

Halifax County Public Schools
1030 Mary Bethune Street, P. O. Box 1849
Halifax, VA 24558

**APPLICATION FOR USE OF SCHOOL FACILITIES**

APPLICANT IS TO COMPLETE ITEMS 1-10 Date application submitted_____

1. Name of organization_____ Telephone number_____
2. Address_____ Fax number_____
3. Name of applicant_____ Telephone number_____
4. Address_____
5. Facility to be used_____ Dates_____ Time_____
6. Purpose for which facility is to be used_____
_____
7. Area(s) required _____ Cafeteria _____ Auditorium _____ Classroom (please specify below)
_____ Kitchen _____ Gymnasium _____ Other (please specify below)
_____
8. Amount of admission to be charged_____ Profits will accrue to_____
9. For participant use only ☐ Yes ☐ No If Yes, maximum number of participants _____
10. I certify that I am the duly elected or appointed representative of the organization aforementioned and have the authority to reserve the school facilities for use by this organization. I do further agree to be severally and jointly responsible for any damage that may occur to the school property, furniture, or equipment during the use for which this application is being made and will save the School Board harmless from any liability that results from said use. I further agree to be responsible for the maintenance of good order and conduct on school property.

_____
Signature of Applicant

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SCHOOL PRINCIPAL IS TO COMPLETE ITEMS 11-16

11. The facilities requested above are available on the date and time requested ☐ Yes ☐ No
12. Supervisor to be assigned_____ Total supervision hours_____
13. Custodian to be assigned_____ Total custodian hours_____
14. Classification of user_____ 14. Category of event_____
15. Additional comments_____
_____
16. Special conditions attached ☐ Yes ☐ No Include stipulations, restrictions, or building use policy as part of the application.

_____
Signature of Principal

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SCHOOL DIVISION ADMINISTRATION USE

Application is [ ] Approved [ ] Disapproved Comments_____
Certificate of insurance required [ ] Yes [ ] No If yes, date received_____
Fees to be charged Rental _____ Supervision_____ Other_____
User_____ Custodian_____

_____
Signature of School Division Administrator