

**COLONIAL BEACH PUBLIC SCHOOLS – APPLICATION FOR USE OF FACILITIES**

**INSTRUCTIONS:**

1. All information must be furnished before application can be processed.
2. Fees for all known services and/or rental must be paid when filing the application.
3. Make check payable to Colonial Beach Public Schools.
4. Application must be filed with the School Board Office not less than ten (10) working days before intended use.
5. Send application form to Colonial Beach School Board Office, 400 Lincoln Ave, Colonial Beach, Virginia 22443 (email: sbo.cbps@cbschools.net).

Organization \_\_\_\_\_ School Requested \_\_\_\_\_

Address \_\_\_\_\_ Date Application Filed \_\_\_\_\_

Contact Person \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date(s)/Times(s) of Activity \_\_\_\_\_

Type of Activity \_\_\_\_\_ Set-up Time \_\_\_\_\_

Spaces Requested: Auditorium \_\_\_\_ Cafeteria \_\_\_\_ Gymnasium \_\_\_\_ Kitchen \_\_\_\_ (only w cafeteria staff) Classroom \_\_\_\_ Parking Lot \_\_\_\_

Special Equipment Desired \_\_\_\_\_

Names of Performing Groups \_\_\_\_\_

Admission Charges (if none, so indicate) Adult \$ \_\_\_\_\_ Couple \$ \_\_\_\_\_ Children \$ \_\_\_\_\_

The undersigned and the above named organization, jointly and severally, agree to be responsible for the terms of this agreement, including payment of all fees, expenses, damages to premises and further agree to hold the Colonial Beach School Board, its agents, servants and employees harmless from any legal liability, injury or damage to any person or property in connection with the use of the school facility. The undersigned certifies that he/she is familiar with the rules and regulations of the Colonial Beach School Board for Use of School Facilities and that such rules and regulations will be enforced. The undersigned further acknowledges that the fees shown are estimated fees and that they are responsible for any changes that may be accessed due to the actual use of facilities, equipment, and personnel.

Name of Group/Organization \_\_\_\_\_ Signature of Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Dated \_\_\_\_\_

Facility Rental Fee \_\_\_\_\_ x \_\_\_\_\_ hours = Total \_\_\_\_\_

Certificate of Insurance Attached \_\_\_\_\_

Personnel Fee(s):

Expiration Date \_\_\_\_\_

	Total Hours		Hourly Rate	Total Hours	Overtime Rate	Total
Supervision		x			x	
Custodial		x			x	
Security		x			x	
Technician		x			x	
School Nutrition		x			x	
Other(Specify)		x			x	
*FICA Taxes		x			x	
Estimate TOTAL		x			x	
Payment Rec'd		x			x	
BALANCE		x			x	

**Following the activity, a facility/grounds inspection will occur. The renter is responsible for any damage or vandalism that did occur during the duration of the activity**

APPROVED BY: \_\_\_\_\_, Principal

APPROVED BY: \_\_\_\_\_, Executive Director of Accountability & Operations