

**Facility Use Application**

DATE: \_\_\_\_\_ Date(s) Requested for Facility Use: \_\_\_\_\_

**1. Check School and areas of facility to be Used :**

\_\_\_ Alleghany High \_\_\_ Piney Creek \_\_\_ Glade Creek \_\_\_ Sparta School

**2. Check necessary utilities and services you may need:**

\_\_\_ Technical Support Staff (required if Auditorium is Utilized - Light/Sound Technician Service (25.00)/hour in addition to rental fee )

\_\_\_ Maintenance and Cleaning fee (\$25.00/hour in additional to rental fee)

**Rental Fees (minimum 2 hours)**

	<b>Non-Profit/HR</b>		<b>Profit/HR</b>	
Auditorium	\$50.00		\$75.00	
Band Room	10.00		25.00	
Classroom	10.00		20.00	
Conference Room	10.00		20.00	
Cafeteria (only)	25.00		50.00	
Cafeteria & Kitchen	50.00 + Staff		75.00 + Staff	
Gymnasium	50.00		75.00	
Multi-purpose	25.00		50.00	
Media Center	25.00		50.00	
<b>Outdoor Facilities</b>				
Ball Field*	25.00/day		100.00/day	
*Additional cost for lighted fields (\$30 to \$50 per hour)				
<b>Personnel* Certified Staff Regular Hourly Rate Time and-a-half</b>				
● As agreed between the user and personnel required				

School Personnel will need to be hired if cafeterias are used or a person is needed to open and close the facility.

The following guidelines may be referenced when dealing with request for facility use.

- Review policy 5030
- Agency or person making the request should complete Alleghany County Schools Facility Use Application
- Determine availability of space
- Write on the form any specific requirements for user
- Review, put in writing what you feel is needed , any personnel needs for employees for additional time, cleaning and closing steps.
- If employee is volunteering, clear it with employee

4. Hours of Use: From \_\_\_\_\_ am \_\_\_ pm \_\_\_ to \_\_\_\_\_ am \_\_\_ pm \_\_\_ Total Hours: \_\_\_\_\_

5. Group Name: \_\_\_\_\_ Does Group Have Non-Profit (501-3C) Status?  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. Proof of Appropriate Liability Insurance Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Purpose of Activity: \_\_\_\_\_

8. Individual Representing Organization to be present and responsible at the function:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Signature of Responsible Party:** \_\_\_\_\_ **Date** \_\_\_\_\_

9. Estimated Number of Participants: \_\_\_\_\_

10.. Fee Charged to Participants: \$ \_\_\_\_\_ Estimated Profit? \$ \_\_\_\_\_

11. What Will Be Done With Proceeds From This Activity? \_\_\_\_\_

**For Alleghany County Schools' Staff Use Only**

\_\_\_\_\_ Calendar checked for availability

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date

Approval \_\_\_\_\_ Not Approved \_\_\_\_\_

Fees Waived \_\_\_\_\_

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date

**Alleghany County School Board reserves the right to waive or increase fees**

**ALLEGHANY COUNTY BOARD OF EDUCATION**