

BROOKE COUNTY SCHOOLS



APPLICATION FOR USE OF SCHOOL FACILITIES

DATE				
ORGANIZATION REQUESTING	USE			
IS THIS ORGANIZATION BASE		NO		
PERSON SUBMITTING REQUE	ST			
CONTAC	T INFORMATION- MUST B	E COMPLETE		
NAME	PHONE NUMBER			
EMAIL ADDRESS				
ADDRESS OF APPLICANT/ RES	SPONSIBLE PARTY			
STREET	CITY	STATE	ZIP	
	EVENT INFORMATION	Ī		
A comple	eted form MUST be filled out	for each event		
DATE REQUESTED	START TIME			
END TIME				
PURPOSE OF EVENT				
				
	INSURANCE INORMATION			
INSURANCE COMPANY				
CONTACT NAME	CONTACT NUI	MBER		
**APPLICATIONS WILL NO	OT BE PROCESSED WITHO	UT INSURANCE CE	RTIFICATE	

APPLICATIONS WILL NOT BE PROCESSED WITHOUT INSURANCE CERTIFICATE ATTACHED



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FACILITY REQUESTED (SEPARATE FORM MUST BE COMPLETED FOR EACH FACILITY

SCHOOL BUILDING						
BHS	BMSBIN	N BIS	BPN	BPS		
NON-ATHLETIC FACILITIES						
All Non-Athletic Facilities a \$500 fee per event except where listed separately.						
AUDITORIUM(\$	1000/ day)					
ALL PURPOSE AREA OTHER		ROOM	_ LIBRAR	YCAFI	ETERIA	
ATHLETIC FACILITIES						
Athletic Facility Fees are \$1000 per season + \$500/ event unless listed separately						
GYMNASIUM (Primary/ Intermediate \$250) (Middle School \$500)						
POOLRENTAL FOR SANCTIONED TEAMS/ EVENTS ONLY						
STADIUMBASE	BALL FIELD	TRACK	SOI	FTBALL FIELI)	
WRESTLING ROOM SOCCER FIELDTENNIS COURTS						

ALL EVENTS SCHEDULED OUTSIDE OF NORMAL BUSINESS HOURS REQUIRE CUSTODIAL STAFFING

THE GROUP REQUESTING THE FACILITY WILL BE RESPONSIBLE FOR ANY PERSONNELL EXPENSES WHEN REQUIRED

THIS MAY INCLUDE, BUT NOT LIMITED TO:

WEEKENDS AFTER 2pm- HOLIDAYS AT ANY TIME- WEEKDAYS AFTER 7- NON-SCHOOL DAYS AFTER 3pm

AND ANY DAY THAT ADDITIONAL CUSTODIAL STAFFING IS NEEDED BASED ON THE SIZE OF THE EVENT OR TIME OF DAY

** IF STAFF IS REQUIRED TO OPEN/ CLOSE BUILDINGS OR FACILITIES, THE REQUESTING GROUP WILL BE REPONSIBLE TO PAY THE PERSON(S) ASSIGNED TO SUCH DUTIES**



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PLEASE SEND ALL COPIES OF THIS APPLICATION FORM TO THE ATHLETIC OFFICE FOR PROCESSING.

A COMPLETED COPY WILL BE RETURNED TO YOU.

SIGNATURE OF APPLICANT/ RESPONSIBLE PART	DATE		
RECCOMENDED	DENIED		
AUTHORIZED COUNTY SIGNATURE			
BOARD APPROVAL DATE			
TOTAL FEES DUE UPON APPROVAL Education, Attn: Deidra Parr, CSBO, 1201 Pleasant		Brooke County Board of	

**CUSTODIAL/ STAFFING FEES WILL BE BILLED AFTER COMPLETION OF EVENT*

NOTICE TO REQUESTING ORGANIZATIONS

- 1. Prior to the execution of this request, the requesting organization must furnish to the principal/designee a current insurance certificate which shall name the Brooke County Board of Education as an additional insured party and stating that the requesting organization is insured for the responsibility and liability coverage of not less than \$2,000,000.
- 2. The requesting organization agrees to indemnify and render the Brooke County Board of Education harmless and defend the Brooke County Board of Education, its agents, servants and employees from and against any and all claims, damages, injury, loss and expense. This indemnification shall include, without limitation, attorneys' fees and expense of litigation, arising out of or in any manner resulting from the activities conducted by the requesting organization, whether the same arises from the condition of the premises or the equipment to be used, even though such damages, injuries, loss or expense are attributable to the joint, concurrent or contributory negligence of the Brooke County Board of Education, its agents, servants or employees unless they are attributable to the sole negligence of the Brooke County Board of Education.
- 3. The requesting organization agrees not to sublease the property of the Brooke County Board of Education without the written permission of the Brooke County Board of Education.
- 4. The requesting organization has read and agrees to comply with the Brooke County Board of Education's Policy **Brooke County File: 7510A- Use of District Facilities**