

## HERNANDO COUNTY SCHOOL DISTRICT Application For Use of School Building Facilities

THREE COPIES of this application and the fees must be submitted to the School Principal, at least fifteen (15) working days prior to requested use.

If approved, this application will be subject to the use agreement attached to this form and to the charges indicated below. An approved copy will be sent to the organization requesting the use of building facilities after approval.

Date of Application \_\_\_\_\_ Date(s) of Use \_\_\_\_\_  
(Must be 15 days before requested date)

Name of School \_\_\_\_\_ Day(s) of week \_\_\_\_\_

Will there be any admission or fee charged?  Yes  No  
Time Use Begins \_\_\_\_\_ Time Use Ends \_\_\_\_\_

Is organization a 501(c)(3)?  Yes  No If yes, attach copy of IRS determination letter. If previously provided reference the date.

Specify purpose of facility use \_\_\_\_\_

Name of organization making application \_\_\_\_\_

Name of President \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Secretary \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of person to be in charge of facility rental: \_\_\_\_\_ Phone No. \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_ When was local organization formed \_\_\_\_\_

Special Requests (equipment, arrangements, etc.) \_\_\_\_\_

Check space(s) needed:  Classrooms \_\_\_\_\_ (Specify Number)  Media Center/Library  Cafeteria  Gym  Outdoor Courts  
 Multi-purpose Room  Stadium  Theater  Stadium/Field Lights \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

Address \_\_\_\_\_  
Street & Number City State Zip

Operating Fees (See Fee Guidelines)	\$ _____
Insurance	\$ _____ *
Technical Crew	\$ _____
Labor Fee:	
_____ hours @ \$25.00 (custodial) ☆	\$ _____
_____ hours @ \$25.00 (utilities) ☆	\$ _____
Supervision Fee	\$ _____
Other _____	\$ _____
(Specify)	
SUB-TOTAL	\$ _____
6.5% sales tax	\$ _____
TOTAL	\$ _____
Security Deposit	\$ _____

All payments must be made by check payable to the Hernando County School District. Payment must be made in advance. Checks will be presented to the Principal for transmittal to the Finance Department with this application.

\*The Insurance charge must be paid unless the Certificate of Insurance is attached to this application. This charge cannot be waived.

☆This amount includes employee's salary, fringe benefits, and related payroll processing costs and **DOES NOT REPRESENT ACTUAL PAYMENT AMOUNT.** Also IRS regulations require that payments be handled by the Hernando County School District and **NO PAYMENTS ARE TO BE MADE DIRECTLY TO THE EMPLOYEE(S) BY THE APPLICANT.**

NOTE: Before this permit becomes effective it must bear, in the place indicated, the signature of the Superintendent or designee.

Approved by \_\_\_\_\_  
Signature of Principal Signature of Superintendent or Designee

Acknowledged by \_\_\_\_\_  
Athletic Director (if applicable) Date of Approval

Processed by: Finance Department

### TO BE COMPLETED BY SCHOOL ADMINISTRATOR PRIOR TO SUBMITTING APPLICATION FOR APPROVAL:

<input type="checkbox"/> Agreement form signed _____	Insurance fee paid _____
Date Received by	Date Received by
<input type="checkbox"/> Payment received _____	Certificate obtained _____
Date Received by	Date Received by