



Request for Use of School Facilities

MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT

Date _____

School/Facility Where Event Will Be Held _____

Name Of PCSB Employee Scheduled To Be Onsite For The Event _____

Witnesseth: The parties to this agreement understand that the following terms and conditions shall be applicable to use any of the District Facilities described herein. **(ALL boxes below must be marked for request to be considered).**

- School Board Policy 7510 & Facilities Use Procedures as amended shall be incorporated by reference into this Facilities Use Agreement and may be found at <http://www.polk-fl.net/community/informationandforms/default.htm>. The parties are bound by the terms and conditions found herein.
- I/We understand that PCSB student groups will require supervision of an adult(s) which have obtained a criminal background check through the School Board of Polk County. Independent leagues and organizations are required in accordance with The National Child Protection Act (F.S. 943.0542), to perform background screenings on any current or prospective volunteer or employee who will be in contact with one or more children.

Name of Organization _____ Event Contact Person _____
 Phone No. _____ Email _____
 Mailing Address _____ City _____ State _____ Zip _____
 Areas Requested _____ Proposed Dates of Use _____
 Proposed Times _____ Hours per Day _____ Total Hours _____
 Purpose of Use/Event Title _____

Is this a school sponsored event? **(circle one)** yes / no Number of attendants? _____

***Special Requests:** please check all that apply. Additional charges will incur per Appendix A of the Facilities Use Procedures.

- Equipment Custodial Personnel
- Technology Personnel School Nutrition Personnel _____

*Please notify School Nutrition Director per request *(Signature of School Nutrition Manager)

Signature of School Administrator/Principal

Date

Required documents include:

- Certificate of Liability Insurance with the School Board of Polk County listed as certificate holder & named an additional insured and the additional insured endorsement page.
- Tax Exemption Certificate (if applicable). If Tax Exemption Certificate is not submitted, sales tax will be charged.
- Copy of the event program and the description of all equipment that will be brought on campus(if applicable).

The information is presented by the User in order to obtain the required facilities and the User affirms that said facts are true and correct to the best of their knowledge and belief.

Signature of Applicant Responsible for Event

Date

Payment must be received by the Facilities Use Office prior to the date of the event.

Check or Money Orders may be mailed to the attention of the FACILITIES USE COORDINATOR, P.O. Box 391, Bartow, FL 33831

PLEASE FAX OR EMAIL REQUIRED DOCUMENTATION TO ATTN: ASHLEE DISHONG 863-519-8508 OR facilities.use@polk-fl.net

APPLICATION WILL NOT BE APPROVED WITHOUT REQUIRED SIGNATURES AND RECEIPT OF INSURANCE DOCUMENTS

TO BE COMPLETED BY FACILITIES USE STAFF:

Signature of Facilities Use Coordinator
Date _____

Priority Level: 1 2 3 4 5
Event Schedule ID # _____