

BLOUNT COUNTY SCHOOLS

APPLICATION FOR USE OF SCHOOL GROUNDS & PHYSICAL FACILITIES

BY SCHOOL SPONSORED GROUPS

NAME OF GROUP MAKING APPLICATION: _____

SCHOOL FACILITY REQUESTED: _____

GROUP AFFILIATION: 4-H PARKS & RECREATION
 BLOUNT COUNTY AAU SCHOOL PTO
 BLOUNT COUNTY GOVERNMENT SPECIAL OLYMPICS
 BOY SCOUTS YBOA
 GIRL SCOUTS OTHER _____

AREA OF CAMPUS REQUESTED TO USE: _____
(athletic field, cafeteria, classroom, gym, etc.)

SCHOOL EQUIPMENT REQUESTED TO USE: _____

REQUESTED DATE: _____ REQUESTED TIME: _____ ESTIMATED ATTENDANCE: _____

WILL ADMISSION BE CHARGED? YES / NO WILL CONCESSIONS BE SOLD? YES / NO

NET PROCEEDS WILL BE USED FOR WHAT PURPOSE? _____

Blount County AAU and Parks & Recreation may be exempt from fees if they have a 60% participation rate of Blount County students on the team using a county facility as a home field. **All AAU and Parks & Recreation teams making a request to use facilities must attach an official roster of players with this request.**

USAGE FEE \$200.00 - INDOOR USE \$50.00 - OUTDOOR USE W/ NO UTILITIES
 \$200.00 - OUTDOOR USE W/ UTILITIES FEE WAIVED

CUSTODIAL FEE Any group requesting to use the facility after normal hours of operation must pay a custodial fee. The custodial fee is time and a half for the custodian assigned to the event. Custodial fee must be paid to host school within 5 business days of the event.

Custodian Assigned: _____ Custodial Fee: _____

I accept responsibility on behalf of the above-mentioned organization for the physical facility, grounds, and equipment as designated above. If approved, we agree to replace or repair any damages that may occur while using our facility. I have read and agree to comply with the regulations as set forth in the agreement pertaining to the use and care of school grounds and physical facilities.

Printed name of sponsor or designated representative

Phone #

Address

Approved by: _____
Principal

_____ Date Approved

Approved by: _____
Facilities Director

_____ Date Approved

BLOUNT COUNTY SCHOOLS

APPLICATION FOR USE OF SCHOOL GROUNDS & PHYSICAL FACILITIES

BY OUTSIDE GROUPS

NAME OF GROUP MAKING APPLICATION: _____

SCHOOL FACILITY REQUESTED: _____

AREA OF CAMPUS REQUESTED TO USE: _____
(athletic field, cafeteria, classroom, gym, etc.)

SCHOOL EQUIPMENT REQUESTED TO USE: _____

REQUESTED DATE: _____ REQUESTED TIME: _____ ESTIMATED ATTENDANCE: _____

WILL ADMISSION BE CHARGED? YES / NO WILL CONCESSIONS BE SOLD? YES / NO

NET PROCEEDS WILL BE USED FOR WHAT PURPOSE? _____

USAGE FEE

- \$200.00 - INDOOR USE
 \$200.00 - OUTDOOR USE W/ UTILITIES
 \$ 50.00 - OUTDOOR USE W/ NO UTILITIES

CUSTODIAL FEE

Any group requesting to use the facility after normal hours of operation must pay a custodial fee. The custodial fee is time and a half for the custodian assigned to the event. Custodial fee must be paid to host school within 5 business days of the event.

Custodian Assigned: _____ Custodial Fee: _____

This application must be submitted in triplicate by the sponsor or designated representative to the principal of the school who will, in turn, send the forms to the Facilities Director with recommendations. Upon approval and prior to the event date, one copy will be retained by the Facilities Director; one copy filed in the school office; and one copy returned to the sponsor. These copies must be on file in their respective school prior to the event date. I understand that in order to use school facilities **I must have proof of liability insurance.** (copy of Insurance Policy must be attached to this form) Minimum amount of coverage is \$600,000 General Aggregate, \$300,000 Personal Injury, \$300,000 Each Occurrence, and \$100,000 Fire Damage.

I accept responsibility on behalf of the above-mentioned organization for the physical facility, grounds, and equipment as designated above. If approved, we agree to replace or repair any damages that may occur while using our facility. I have read and agree to comply with the regulations as set forth in the agreement pertaining to the use and care of school grounds and physical facilities.

Printed name of sponsor or designated representative

Phone #

Address

Approved by: _____

Principal

Date Approved

Approved by: _____

Facilities Director

Date Approved