

Facility Use Application

Complete this application each time school facilities are used for anything other than school functions, regardless of charges.

Name of School _____

Date _____

DCS buildings and grounds are tobacco free. Vapes, weapons, and alcohol are strictly prohibited.

1. Applicant Information:

All information is required for approval.

Applying Organization: _____

Type of Event: _____

Representatives Name/Title: _____

Representatives Address: _____

Representatives Email: _____ Representatives Phone Number: _____

Total number expected to attend event: _____ Number of Adults (18+) _____ Number of Youth (under 18) _____

*User must hire one law enforcement officer for groups of 300 people and two law enforcement officers for groups of 500 people.

2. Facility Request:

Check all that apply.

Gym Multipurpose Room	Auditorium	Dining Room	Media Center	Parking Lot	Classroom	Middle & High Outdoor Facility
☐	☐	☐	☐	☐	☐	☐ Baseball ☐ Football ☐ Track ☐ Soccer ☐ Tennis ☐ Other
Room # _____						

*Facility use fees include the use of outdoor lights. Charges will be determined by each school's principal.

3. Dates Requested:

Please make requests for specific dates and times below. Attach a calendar if necessary.

Month	Date(s)	Entry Time	Departure Time	Total Hours	Month	Date(s)	Entry Time	Departure Time	Total Hours
January					July				
February					August				
March					September				
April					October				
May					November				
June					December				

4. Applicable Fees

Facility use fees are set by DCS Board of Education.

Employee/Supervisor Name/Fee: (for opening & closing facility)	Custodial Charge:	Lighting Charge: (if applicable)	Facility Use Fee:	Total Fee:
Name: _____ \$	\$	\$	\$	\$

5. Approved Signatures:

This application will serve as a legal and binding contract once signed by all parties listed below. Your signature indicates that you have read DCS School Board Policy [3.75-3.77](#) and agree to its terms. Copies of the policy can be found on the DCS website, www.davidson.k12.nc.us or can be obtained from the school's office.

Applicant _____

Date _____

Principal _____

Date _____

Executive Director of Operations _____

Date _____

When weather conditions force school teams to relocate, those teams take precedence over any non-school affiliated activity contracted to use a school facility. If schools close due to inclement weather any activity planned will also be canceled.

This section for office use only:

COI _____ Event # _____ Invoice # _____

*You will receive the "final copy" of this form once approved.