

Cherokee County School District Facility Use Application/Agreement

(Select One) Classification: Adult Group _____ Children's Group _____ Community Non-profit _____

Community Sponsored _____ PTA/PTSA _____ School Allied Group _____ Other Group _____

Single Event User _____ OR Special Lease User _____ (4+ consecutive days or recurring event)

School/Facility: _____ School/Facility Contact: _____

Name of Requesting Group: _____

Responsible Person/Contact: _____ Phone: _____

Mailing Address: _____

Email: _____

Total Number of Days Requested: _____ Date(s) Requested: _____

Times Requested: _____

Type of Activity: _____

Number of Participants: _____ Estimated Number of Spectators: _____

Facility Areas Requested: _____

I, _____ (Print Name), certify that I am an officer in the above-named group or organization and that I am authorized to execute this agreement to use the above-mentioned facility. I further certify that I hereby bind our group to abide by all the policies and rules of the Cherokee County School District and will work directly with the local school principal to assure compliance of all activities associated with such use. I understand that our group will work through the school principal to gain approval and scheduling of any areas used for our activities. I also understand that the principal or work location supervisor will determine any applicable fees based on the current and appropriate Facility Use Fee Schedule and that fees must be paid (5) five working days prior to the scheduled activity/event.

Compliance with Policies and Procedures: By execution of this application/agreement the group herein agrees to follow all provisions contained in Cherokee County School District Board Policy, Use of School Facilities, and Descriptor Code: KG. The group herein agrees to indemnify and hold harmless the Cherokee County School District, and any persons whose property may be within said building, for loss or damage to such property caused by any person or persons attending said meeting, and for any damage or injury or other loss, including attorney's fees and expenses of litigation, arising out of the use of facilities. The group herein agrees that they will not discriminate against any participant based upon participant's race, religious affiliation, gender, or disability unless the use of the facility is intended for athletic camps particular to one gender or involves athletic

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programs for which no accommodations may be made. By execution hereof, the group herein and Cherokee County School District warrant and represent that no common enterprise may be inferred by execution hereof. Cherokee County School District may assume, and the group herein affirms, that they will not violate any local, state, or federal law, rule, or regulation in their use of the facility.

By: _____
Group Representative Signature (Print Name) Title Date

FUR Application Submitted By: _____
School/Facility Employee Name (Print Name) Title Date

SCHOOL USE ONLY

Is Facility available for requested event? Yes _____ No _____

If no, brief explanation: _____

If yes, event Supervisor's name: _____ (Print)

Custodial Overtime:

Custodial Labor and Supplies are provided by ABM Industry Group (ABM), an outside vendor. If custodial overtime is needed for this event, the overtime hours must be approved by Support Services prior to the event. Custodial Overtime Request forms must be submitted **WITH** the Facility Use documentation. After the event, the host School/Facility is responsible for invoicing the Facility User for the Custodial Overtime hours at a rate determined by Facility Use staff and according to the agreement between CCSD and ABM. CCSD and ABM fees must be paid for with separate checks.

Custodial Overtime Request Form Submitted for approval? Yes _____ No _____

Fundraiser Event: Yes _____ No _____ If yes, submit **approved** Fundraiser Form with application.

School Resource Officer Needed at Event: Yes _____ No _____

Reviewed by School Resource Officer: _____
Officer Signature Date Print Name

High School Athletic Events Only: _____
Athletic Director Approval Signature Date

Approved By: _____
Principal/Facility Supervisor Signature Date

Please scan and email to kelly.ferris@cherokeek12.net

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DIVISION OF SUPPORT SERVICES USE ONLY

Facility Use Application/Agreement: _____

Utility Fees: _____

Facility Use Special Lease Agreement: _____

Custodial Fees: _____

Principal's Approval: _____

Security/Supervisory: _____

Certificate of Insurance: _____

Rent: _____

Advance Deposit: _____

Gym/Field Use: _____

Total Due to ABM: _____

Total Due to CCSD: _____

Custodial Overtime Payment must be made with a separate check payable to ABM and Sent to Support Services. DO NOT SEND THE CHECK TO ABM or GIVE IT To A CUSTODIAN!!! Send both checks to Support Services – FUR.

Payment Received: _____

☐ Facility Use Approved

☐ Facility Use Denied

Chief Support Services Officer

Date

DIVISION OF SUPPORT SERVICES

Custodial Overtime Request Form

Facility Name: _____

Custodian Name	Event Date	Est. Event Begin/End Times	Work Date	Requested # of O/T Hours

Reason for Requested Overtime/Special Circumstances:

☐ School Funds

☐ CCSD Funds

Funding Source: ☐ Facility Use Custodial Fees Organization Name: _____

☐ Other: _____

Principal Signature: _____ Date: _____

Chief Support Services Officer

☐ Approved

☐ Denied