APPLICATION TO USE FACILITIES

This form must be received in the Friendship Public Charter School Real Estate Department at least twenty (20) working days prior to the proposed use. For more information, call the Business Manager at the school you wish to use for your event. The Principal's approval is needed prior to submitting this application to the Real Estate Department.

DATE OF APPLICATION: __________________________ SCHOOL: __________________________

NAME OF USER/ORGANIZATION: ______________________________________________________

ADDRESS: __________________________ TELEPHONE: __________________________

________________________________________ FAX: __________________________

________________________________________ EMAIL: __________________________

CONTACT PERSON: __________________________ 24-HOUR PHONE: __________________________

DESCRIPTION OF PROPOSED USE: (Attach a brochure, flyer, etc. describing your activity)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Specific Area Requested: Auditorium ______ Gymnasium ______ Cafeteria ______ Kitchen ______

Other: Conf. Room 301 ______ Conf. Room 302 ______ Conf. Room 358 ______ Conf. Room 364 ______

Period of Requested Use: Hours (From .......To) Days (Mon – Sun) Date (Month/Day/Year)

________________________________________ __________________________________________

________________________________________ __________________________________________

________________________________________ __________________________________________

TYPE OF USER: Friendship School Related: _______ PTA OR HSA _______ FPICS Program or Activity _______ Other

Non-Friendship School Related: _______ Religious Organization _______ Non-profit Group _______ Other
USER: ____________________________________________

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Check if applicable to proposed use: More than 100 persons expected to attend: ______ Handling of money: ______

How is the program funded? FPCS ______ Grant ______ User Organization ______ Other ______

Who is staffing the event? FPCS Staff ______ FPCS Parents/Students ______ Outside Users ______ Paid Staff ______

Is there a charge to the attendees? Yes ______ No ______ If yes, how much? $ ______

I hereby agree to be bound by the terms of the Application to Use Facilities and to abide by the pertinent rules of the Friendship Public Charter School Board. Furthermore, I agree to make final arrangements and publicize this activity ONLY after written approval has been received.

User Signature: ___________________________ Date: ___________________________

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NOTE: All Users must immediately vacate the premises, as a result of a court order, construction, or inclement weather. This agreement may be cancelled for the convenience of Friendship Public Charter Schools.

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INSURANCE INFORMATION:

User/Organization using a Friendship Public Charter Schools facility must provide proof of the following insurance coverage:

- General Liability - $1,000,000 per person for bodily injury and $3,000,000 per incident.
- Property Damage - $200,000 per incident with an aggregate of $500,000.

All users must sign the Friendship Public Charter Schools Assumption of Risk and Indemnification Form. A copy of the User's Certificate of Insurance must be submitted along with the Assumption of Risk and Indemnification Form, at least 48 hours prior to entering the building.

Failure to provide an acceptable Certificate of Insurance at least 48 hours prior to entering the building will result in cancellation of the event at User/Organization's sole expense – to include any expenses incurred by Friendship Public Charter School in preparing for the event.

The following information must be accurate. (False information will be cause for immediate termination of the agreement.)

Name of Insurance Company: ___________________________ Policy Number: ___________________________

Name of Insurance Agent: ___________________________ Telephone: ___________________________

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