

Contract Number: _____ (Assigned by CCR when formal contract is prepared.)

Carteret County Schools Facility Use Proposal

This form to be filled out by School & User and forwarded to CCR for Contract Preparation

DATE: _____

REQUESTED BY: _____
USER (NAME OF COUNTY / CITY AGENCY/DEPT.)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NAME (PRINT): _____ PHONE: _____

FACILITY REQUESTED: _____

PURPOSE OF USE: _____

DATE(S) AND TIME(S): _____

ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS _____

User must make provisions for the safety of those who attend any performance, activity or entertainment by providing **sufficient security officers** and other persons to supervise and assure orderly conduct, including parking, on school premises. For security reasons, parking shall be limited to dedicated parking areas only. Details of security/supervision plans shall be submitted and cleared with the principal prior to any activity. All costs associated with the event shall be borne by the "user".

Have such plans been cleared with the principal? ____ Yes ____ No ____ N/A

The User shall assume liability for damage to facilities and injury to all program participants and/or spectators.

I understand that the contract & fees must be remitted no less than 2 weeks prior to the event. _____ (User initials)

I have read the "Requirements of Persons Using School Facilities". _____ (User initials)

CLASSIFICATION OF USER # _____ (From list on Page 6)

RENTAL FEE: (Base \$ + Add'l Hr X \$ per Add'l Hrs.)	BASE RATE: \$	# Add'l Hours: _____ \$ per Add'l Hour: _____	
CUSTODIAL FEE: \$25.00 per hour <input type="checkbox"/> Yes <input type="checkbox"/> No		# Hours:	
SUPERVISORY FEE: \$25.00 per hour <input type="checkbox"/> Yes <input type="checkbox"/> No		# Hours:	
CHILD NUTRITION FEE: \$25.00 per hour <input type="checkbox"/> Yes <input type="checkbox"/> No		# Hours:	
SOUND & LIGHT TECH: \$25.00 per hour <input type="checkbox"/> Yes <input type="checkbox"/> No		# Hours:	
EQUIPMENT / OTHER CHARGES (specify):			
*TOTAL ESTIMATED FEE DUE:		\$	

SCHOOL REPRESENTATIVE

REQUESTOR

PRINCIPAL (Signature)

DESIGNEE (Signature)

DATE

DATE

** COPY IN TRIPLICATE (School - Requestor - CCR)