

**NEW CASTLE COUNTY VOCATIONAL-TECHNICAL SCHOOL DISTRICT
FACILITY REQUEST FORM**

Request for use of Equipment and/or Facilities which are the property of the New Castle County Vocational-Technical School District located at: (check the appropriate box)

Delcastle: Hodgson: Howard: Marshallton:
 Conference Center St. Georges

(Name of Contact Person) _____ (Name of Organization) _____
 Address _____ City/State/Zip Code _____
 Phone Number _____ IRS Non-Profit Classification _____ Federal EI # _____

hereby make application for use of school facilities as follows: Athletic field (Specify): _____
 Gym (only) Student Cafeteria Auditorium
 Gym (with dressing room & showers) Faculty Dining Rm. Elevated Classroom
 Classroom/Career Area Lab Library Conference Room

Today's Date: ____ / ____ / ____ Date(s) desired: _____ Number expected to attend: _____

DETAILED Description of Use: _____

Doors open for participants at: _____ Doors open for audience at: _____ Closing time at: _____ Total hrs. _____

NCCVTSD does not provide audio visual or other electronic devices such as VCR's, overhead projectors, portable sound systems, LCD projectors, etc., for use with our facilities.

In consideration of the granting of permission by NCCVTSD for the use of the building, grounds, and/or facilities of NCCVTSD, the undersigned being a duly authorized officer or representative of the above-named, hereby agree for and on behalf of said organization, or group and for and on behalf of the individual member thereof to release NCCVTSD, NCCVTSD Board Members, and their agents, employees, and representatives from any and all claims for personal injuries, death, and property damages which may arise from or during the use of said buildings, grounds and/or facilities, pursuant to said agreement of permission, and do further agree to defend, indemnify and hold harmless NCCVTSD, NCCVTSD Board members, and their agents, employees, and representatives from any and all such claims. The Organization also agrees to defend, indemnify, and hold harmless NCCVTSD from all claims arising from the acts, omissions, and/or negligence of the Organization, and all invitees of the Organization, as well as all claims arising from the acts, omissions, and/or negligence of NCCVTSD.

Cost of facility rental (identified below) must be paid two full week prior to the requested date. **Make all checks payable to "NCCVTSD"** and forward payment to the designated building representative. Fees will be waived for Internal Revenue Service designated non-profit organizations operating for educational, cultural, civic, political, or recreational entities, organized or operating within the District boundaries. All organizations will be charged an excess cost for use of facilities. Organization other than those listed above will be charged excess cost and a usage fee for facility usage. **Any changes to the language above will void the agreement and result in immediate denial of facility use.**

Cost for facility use (as per attached analysis sheet) \$ _____ **** **See Rate Schedule on Reverse Side**

I/We the undersigned, have read above and understand and agree to comply with the rules and regulations (see District Policy Manual) applying to the use of school facilities by all organizations. I/We also agree to have the authorized agreement on my/our person at all times during facility use.

Organization Authorized Signature _____

- **WITHOUT EXCEPTION, proof of liability insurance MUST accompany this form.**
- **FEE WAIVER will be given to those with valid IRS proof of Non-Profit Status .**

Site available for use on date/dates requested Yes No

Request to use facilities Approved Denied _____
 Assistant Principal Date

Request to use facilities Approved Denied _____
 Facility Supervisor Date

If approved, signed copies of this request will be sent to: Originator of request, Building Assistant Principal, Building Chief Custodian, and the Athletic Director if needed.