

**APPLICATION FOR USE OF SCHOOL FACILITIES**

**SCHOOL:** \_\_\_\_\_

1. Organization/Individual's Name \_\_\_\_\_  
(must be 18 years old or older)
2. Organization/Individual's Authorized Representative:  
  
Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)
3. Purpose for which the facility will be used: \_\_\_\_\_  
  
Date(s) \_\_\_\_\_  
  
Number of hours \_\_\_\_\_ Times: \_\_\_\_\_
4. Identify area of facility to be used: Cafeteria \_\_\_\_\_ Media Center \_\_\_\_\_ Auditorium \_\_\_\_\_  
  
Gymnasium \_\_\_\_\_ Athletic Field \_\_\_\_\_ Classroom(s) \_\_\_\_\_ Kitchen Area \_\_\_\_\_
5. Indicate school employees needed:  
  
Cafeteria \_\_\_\_\_  
\*Use of kitchen requires use of a child nutrition employee  
Custodial \_\_\_\_\_  
\*Principal determines need for use of custodial staff
6. Principals shall identify any special conditions under which the facility is to be accepted  
  
\_\_\_\_\_
7. Forward completed and signed application along with use fee to:  
Montgomery County Schools, Auxiliary Services/Facilities Use,  
PO Box 427, Troy, NC 27371

I have received a copy of Montgomery County Board of Education's rules and governing the use of school facilities. I understand these rules and agree to abide by them.

\*Signature of the applicant indicated that the user agrees to hold the Montgomery County Board of Education free, harmless and indemnifies from claims from any accident or injury arising from or out of use of a school facility.

Applicant/Activity Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Principal/Designee \_\_\_\_\_ Date \_\_\_\_\_

Central Office Official \_\_\_\_\_ Date \_\_\_\_\_

Adopted: June 1, 2009