

**VIRGINIA BEACH CITY PUBLIC SCHOOLS**  
**APPLICATION FOR USE OF SCHOOL FACILITY**

**1. TO BE COMPLETED BY APPLICANTS**

- a. Requesting organization \_\_\_\_\_
- b. Type of activity or program \_\_\_\_\_
- c. Name of School requested \_\_\_\_\_
- d. Rooms or facility requested \_\_\_\_\_
- e. School equipment requested \_\_\_\_\_
- f. Date(s) \_\_\_\_\_ Hr. to be Opened: \_\_\_\_\_ Hr. to be Closed: \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Hr. to be Opened: \_\_\_\_\_ Hr. to be Closed: \_\_\_\_\_
- g. Number of people expected \_\_\_\_\_ Admission or Donation Charged \_\_\_\_\_

This is to certify that I have on this day received a copy of the School Facility Use guidelines (Section 24 of the Business Manual), which I have read and fully understand my responsibilities. I certify that the proposed and planned program or meeting will be conducted on a completely non-discriminatory basis and that no person will be denied admission or attendance on basis of race or national origin. I understand the regulations governing use of the facility and hereby assume full responsibility for meeting and complying with all regulations. On signing this application, the requesting organization agrees to indemnify and hold harmless, the School Board and officials, its agents, employees, and volunteers from any and all claims arising out of the use of the school facilities, including all costs, losses, and expenses, which shall include litigation expenses and reasonable attorney's fees.

\_\_\_\_\_  
**Signature of Applicant- (Must be printed and signed)** Printed Name of Applicant  
 \_\_\_\_\_  
 Date Day Phone No. Address of Applicant Zip Code  
 \_\_\_\_\_  
 Email Address - **Required:**

**2. TO BE COMPLETED BY SCHOOL PRINCIPAL**

- a. Application is:  Approved  Disapproved (if disapproved/reason stated below)  
 \_\_\_\_\_
- b. Principal signature \_\_\_\_\_ Date \_\_\_\_\_
- c. Custodial overtime needed?  Yes  No (if yes, enter name here) \_\_\_\_\_
- d. Specific instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. TO BE COMPLETED BY BUSINESS SERVICES**

- a. Application is:  Approved  Disapproved (if disapproved/reason stated below)  
 \_\_\_\_\_
- b. Signature \_\_\_\_\_ Date: \_\_\_\_\_
- c. Date Check Received: \_\_\_\_\_ Check No. \_\_\_\_\_ Check Date: \_\_\_\_\_
- d. **CHARGES:** License Fee \$ \_\_\_\_\_ Custodial Services \$ \_\_\_\_\_ TOTAL \$

**MAKE CHECK PAYABLE TO:**  
**VIRGINIA BEACH CITY PUBLIC SCHOOLS**  
 School Rentals P.O. Box 6038  
 Virginia Beach, VA 23456  
 Phone (757) 263-1190