

COMMUNITY USE OF FACILITIES APPLICATION

Electronic form access: www.macon.k12.nc.us/Documents/forms/Allitems.aspx

Date Filed _____ Cell Phone _____
 Organization/Individual _____ Business Phone _____
 Name of Representative _____ Home Phone _____
 Mailing Address _____
 Facility Requested _____ Purpose _____
 Special Equipment _____
 Use of Kitchen Y _____ N _____ If yes, complete Community Use of School Kitchen Application.
 Date(s) of Use _____ Exact Times _____ to _____
 Estimated Number of Participants and Spectators Expected _____

FEES		
Fee for use of facility (Make check payable to Macon County Schools.)	\$ _____	Date of Payment _____
Fee for custodial personnel services deemed necessary by the principal (Make separate check payable to Macon County Schools.)	\$ _____	Date of Payment _____
Total amount paid to Macon County Schools	\$ _____	
Fee for use of equipment (including sound system operator and use of grand piano at Fine Arts Center) (Make check payable to school.)	\$ _____	

The applicant has read and agrees to the MACON COUNTY BOARD OF EDUCATION POLICY ON COMMUNITY USE OF FACILITIES.

The applicant hereby agrees and undertakes to save and hold harmless the Macon County Board of Education from any and all claims for damages to person or property that may arise out of the use of the facility and/or special equipment, without regard to whether the damage, personal or otherwise, is brought about or caused by the applicant, the Macon County Board of Education, or any other person, organization, firm, or corporation. *In accordance with GS 115C-524 (b)*

The applicant will be responsible for and agree to pay for damages exceeding the amount of the minimum rental fee done to the property of the Macon County Board of Education exclusive of ordinary wear and tear.

Signature of Representative

Signature of Principal

Date

*Original to Central Office (*Checks must be attached.)
 Copy to Principal-Canary
 Copy to Applicant-Pink
 Copy to School Nutrition-Goldenrod*

Amended 1/11/2018

