BRUNSWICK COUNTY SCHOOLS FACILITY USE APPLICATION

SCHOOL	FACI	FACILITY (AREA(S) NEEDED)				
DATE OF REQUEST	EVEN Attacl	EVENT DATE(S) Attach schedule or calendar for recurring dates				
APPLICANT ORGANIZATION	PROF	PROFIT/PRIVATE or NON-PROFIT				
CONTACT NAME	E-MA	E-MAIL ADDRESS				
CONTACT ADDRESS	CON	CONTACT PHONE				
Briefly describe the event:	Time	Time of Entry Time of Exit				
PROOF OF INSURANCE ATTACHEDYESNO	WILL TECHNICAL SUPPORT BE REQUIRED? YES NO IS THIS A STANDING USE REQUEST? YES NO					
(Must attach a CERTIFICATE OF LIABILITY INSURANCE, Showing F	Brunswi	ck County Board of	Education as a Cer	tificate Holder.)		
Additional Authorization by Superintendent						
			_			
VERIFIED: PRIVATE/ PROFIT NON PROFIT		Cost/Hour	# of Hours	# of Days	Total	
Usage Rate (see current fee schedule)						
Custodial/Additional Personnel at \$25.00 per hour		30.00				
Cafeteria personnel @ \$25.00 per hour (for kitchen use)						
Other: Additional Disinfectant Protocol (Includes Labor	. &					
Materials)						
CELLIDAD FOR DED FINENTS		20.00	27/4			
STANDARD FEE PER EVENT (Pre-entry and Post-entry Serv	ices)	30.00	N/A			
TOTAL FEES, based upon current Fee Schedule, paid to Brunswick County Schools at time of application: Total represents (circle one): Daily Weekly Monthly Duration of Contract Check Attached \$						
Signature of Organization Official				Date		
For Brunswick (County	Schools Use				
Endorsement of Building Principal		Date				
Approved by Chief Operations Officer			Date			

Revised 07/07/23 Form: BCS 5030-1