

# REQUEST FOR USE OF WILLIAMSON COUNTY SCHOOLS & FACILITIES BY COMMUNITY ORGANIZATIONS

*Central Office Use*

ID NUMBER \_\_\_\_\_

School to be Used: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_ Expected Attendance \_\_\_\_\_

Organization Name: \_\_\_\_\_

Request Made By: \_\_\_\_\_ Title in Organization \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

**BUILDING USAGE** \*\*PLEASE FILL THIS FORM OUT IN ITS ENTIRETY\*\*

Date & Days of Use \_\_\_\_\_ S M T W TH F ST

Reoccurring Use \_\_\_\_\_ S M T W TH F ST  
**Weekly on:**

Reoccurring Use \_\_\_\_\_ 1st 2nd 3rd 4th 5th S M T W TH F ST  
**Monthly on:**

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Time \_\_\_\_\_ AM \_\_\_\_\_ PM Ending Time \_\_\_\_\_ AM \_\_\_\_\_ PM

**FEE SCHEDULE - If applicable** **\*DO NOT LEAVE BLANK\***

<i>Area(s) Needed</i>			
<input type="checkbox"/> Classroom(s) <b>Room #s</b> _____	\$15 per day per room	\$	_____
<span style="color: red;">Limited classroom use per board policy</span>			
<input type="checkbox"/> Auditorium	\$285 per day	\$	_____
Stage Light _____ Y _____ N			
Sound System _____ Y _____ N	One fee for either or both	\$100 plus personnel fee	\$ _____
<input type="checkbox"/> Gymnasium	\$290 per day	\$	_____
<input type="checkbox"/> Auxiliary Gym (High Schools Only)	\$290 per day	\$	_____
<input type="checkbox"/> Gym for Jr. Sports Groups Only	\$18 per hour (Max \$290 per day)	\$	_____
<input type="checkbox"/> Stadium/Track/or other Game Field		\$	_____
<input type="checkbox"/> Tennis		\$	_____
<input type="checkbox"/> Campus (Outside Building)			
<input type="checkbox"/> Cafeteria ( This is for the seating area only)	\$18 per hour (Max \$130 per day)	\$	_____
Kitchen (This is for the serving line area and main kitchen)			
(One WCS kitchen staff member must be present when the use of the kitchen is requested. They must be present for the entire time you request use of the kitchen. This cost will be determined by each school site.)			
<input type="checkbox"/>		\$	_____
<b>Supervision - Required</b>			
<input type="checkbox"/> Building Supervision <i>See Note 1</i>	\$20.50 per hour (incl tax)	\$	_____
<input type="checkbox"/> Name of Supervisor _____	<input type="checkbox"/> Check if supervisor is waiving fees.		
<input type="checkbox"/> Custodial Services	<b>Check here if needed</b>		<input style="width: 100px; height: 20px;" type="checkbox"/>
<i>*Custodial service based on actual time for (for cleaning as needed and determined by contractor</i>			
		\$	_____
<b>TOTAL ESTIMATED FEE</b>			\$ _____

*Note 1: When multiple rooms are used, supervision is calculated on one room. Supervision for outside as required*

**MAKE PAYMENT TO: WILLIAMSON COUNTY SCHOOLS, 1320 West Main Street, Suite 202, Franklin, TN 37064**  
*No funds shall be paid individually to any employee or individual school for use of facilities.  
 Hold Harmless Clause on page 2 must be completed. See page 2 for policy and procedures.*

## REQUEST FOR USE OF WILLIAMSON COUNTY SCHOOLS & FACILITIES

All organizations requesting use of Williamson County School Facilities shall ATTACH a Certificate of Insurance with the Request for Facilities Use form. The Policy must name Williamson County Board of Education as additionally insured for no less than ONE MILLION DOLLARS (\$1,000,000.00) for the duration of the organization's use of the facility. PLEASE MARK "PUBLIC SCHOOL USE" ON THE CERTIFICATE along with "No Participant is Excluded".

### AGREEMENT

I/We agree to be responsible for the conduct of the audience in and about the building and for any damage incurred. I/We have reviewed the policy rules and regulations of the WCS Board of Education, and further agree that the school property will be used in accordance with the rules and regulations of the Williamson County Board of Education. I/We understand that no contract shall extend beyond June 30th of the current fiscal year.

I/We agree to indemnify and hold harmless the WILLIAMSON COUNTY BOARD OF EDUCATION from:

- (A) Any claims, damages, costs and attorney fees for injuries or damages arising, in part or in whole from the organization's use of the facility described above; and,
- (B) Any claims, damages, penalties, costs and attorney fees arising from any failure of the organization, its officers, employees and/or agents, to observe applicable laws.

I/We further acknowledge that the Williamson County Government does not warrant that the facility requested is being currently maintained and will not be responsible for inspection and maintenance of the facility while it is being used by the requesting organization.

I/We acknowledge that all estimated fees for use of Williamson County School Facilities shall be paid in advance of use.

I/We understand that building supervision, custodial services, cafeteria worker and cafeteria manager fee will be charged as needed for building supervision, clean up, and use of kitchen facilities. I/We agree to pay the amount(s) billed after use of the facility. \*Please do not alter the verbiage on this form in any way\*

Authorized Signature	Date
Name: <b>(Please Print)</b>	

**PAYMENTS SHALL ONLY BE MADE TO:** Williamson County School System  
 c/o Facilities and Construction Department  
 1320 West Main Street, Suite 202  
 Franklin, TN 37064

**FORWARD COMPLETED REQUEST TO: SCHOOL PRINCIPAL**

**QUESTIONS?** Facilities & Construction Department - Lenny Ramirez  
 615-472-4043

Upon acceptance by the WCS Facilities & Construction Department,  
 an approved copy of this Request will be returned to School Administration.

PRINCIPAL SIGNATURE - Facility is available during time and dates requested:	
*This does not constitute final approval which resides with Facilities Dept/Central Office*	
*Note to Principal: Do you feel there is a need for a law enforcement officer to be present for this event?	Yes    No
If yes, please explain:	
Central Office - Event falls within policy guidelines and insurance sufficient for use	<input type="checkbox"/> <input type="checkbox"/>
Date	