

APPLICATION FOR FACILITY USE

Facility Services

Phone: 410-677-4439

Fax: 410-677-4466

APPLICATION DATE: _____

SCHOOL: _____

AREA: _____

DATE: _____

BUILDING USE TIME: FROM: _____ TO: _____

ACTUAL EVENT TIME: FROM: _____ TO: _____

ORGANIZATION: _____

PROGRAM: _____

TYPE: PROFIT NON-PROFIT FUNDRAISER OTHER: _____

(Check FOOD WILL BE PRESENT AT THIS EVENT? YES NO

One) ADMISSION WILL BE CHARGED? YES NO

SERVICE DESIRED (Ref. Fee & Expense Schedule)

SET UP / BREAKDOWN

ELECTRICIAN TECH.

CUSTODIAL / CLEAN UP

LIGHT / SOUND TECH.

SECURITY

ACTIVITY SUPERVISOR

OTHER: _____

TECHNOLOGY (Wireless, Internet)

EQUIPMENT DESIRED (Ref. Fee & Expense Schedule)

TABLES _____ QTY. _____

MICROPHONE _____ QTY. _____

CHAIRS _____ QTY. _____

PIANO _____ QTY. _____

FLAGS _____ QTY. _____

CHORAL RISERS _____ QTY. _____

LECTERN _____ QTY. _____

4' X 8' RISERS _____ QTY. _____

PROJECTOR _____ QTY. _____

SCREEN _____ QTY. _____

MISCL. OTHER: _____

- A \$25.00 (non-refundable) processing fee must accompany application when presented to the school for processing.
- The initial invoice will cover the base facility rental and basic services and/or equipment requested for the event. An additional invoice will be sent to cover actual additional services and/or staff charges as required for the event.
- A check for the total amount of the charges made payable to Wicomico County Board of Education and a certificate of insurance in the amounts required by the Board of Education must be forwarded at least fourteen (14) calendar days in advance of the performance to the rental coordinator. The mailing address is Wicomico County Board of Education, 900 Mt. Hermon Rd., Salisbury, Maryland 21804. Facility Services, Attention Rental Coordinator.
- A \$25 charge will be assessed for any cancellation of an event within twenty-one (21) days of the scheduled date.
- The Board of Education and school activities take precedence over community activities. All non-school applications received will be acted upon on a first-come, first-served basis. All requests for rental must be made at least forty-five (45) calendar days prior to the scheduled event.

PERSON RESPONSIBLE FOR PAYMENT: _____

CONTACT PERSON RESPONSIBLE AT THE EVENT: _____ CELL: _____

Address: _____

APPLICANT NAME (Please Print)

Phone: _____ Cell: _____

APPLICANT SIGNATURE

Email address: _____

OFFICIAL USE ONLY

SIGNATURE: _____

PRINCIPAL / DESIGNEE

DATE APPROVED

