

COMMUNITY USE OF FACILITIES APPLICATION
Refer to Elkin City Schools [POLICY CODE 5030](#)

ORGANIZATION INFORMATION

Date of Application _____ Profit _____ Non-Profit _____

Organization Name _____

Organization Email _____ Phone (_____) _____ - _____

Authorized Representative _____ Phone (_____) _____ - _____

Mailing Address (PO) _____ City, State _____ Zip _____

FACILITY REQUEST INFORMATION

Facility Requested _____ Projected # of Attendees _____

Description of Event _____

List ALL requested dates and times below. This includes ALL setup and breakdown dates and times.

Start Date(s) of Event _____

End Date(s) of Event _____

Open Building at _____ AM _____ PM _____ Close Building at _____ AM _____ PM _____

I, _____, authorized representative, have received a copy of the Policy 5030 and fully comprehend, understand, and will abide by the rules and regulations therein. I fully understand the costs that will be incurred for the use of the facility and agree to submit payment in full 30 days prior to the event.

Applicant Signature _____ Date _____

- > **Complete, sign & return to the ECS central office located at 202 West Spring Street, Elkin NC 28621 30 days prior to event request.**
- > **A new form must be completed and submitted for each event.**

FOR ELKIN CITY SCHOOLS OFFICE ONLY

FACILITY FEES (some fees may not apply)

| | | |
|--|----------|--------------------------|
| Application Fee (single event fee per application) | \$ _____ | |
| # of Hours Requested | _____ | |
| Rental Fee (per hour) | \$ _____ | |
| ECS Representative Fee (per hour) | \$ _____ | ECS Rep Name _____ |
| ECS Custodial Fee (per hour) | \$ _____ | ECS Custodian Name _____ |
| Total Amount Due | \$ _____ | |

_____ Proof of Insurance has been submitted. Notes: _____

| INFORMATION | COMMENTS | NOTES |