



# Petersburg City Public Schools

Petersburg, Virginia 23803

## APPLICATION FOR USE OF SCHOOL FACILITIES

Reservation Number \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Facility \_\_\_\_\_

Name of Organization \_\_\_\_\_

Nature of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

Set-Up Needed \_\_\_\_\_ Yes \_\_\_\_\_ No Date /Time of Set-Up \_\_\_\_\_ to \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address (CSZ) \_\_\_\_\_

Telephone # \_\_\_\_\_ email \_\_\_\_\_

Are you a resident of Petersburg? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will there be an admission fee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Profits will accrue to: \_\_\_\_\_

**AREAS NEEDED** - - - - -

\_\_\_\_\_ Auditorium \_\_\_\_\_ Number of Dressing Rooms \_\_\_\_\_ Stage Lighting  
 \_\_\_\_\_ Gymnasium \_\_\_\_\_ Locker Rooms – How Many? \_\_\_\_\_ \_\_\_\_\_ Cafeteria or Cafetorium without kitchen  
 \_\_\_\_\_ Classroom(s) \_\_\_\_\_ Labs, Specify Type \_\_\_\_\_ Library  
 \_\_\_\_\_ Concession Stand

**SERVICES NEEDED** - - - - -

\_\_\_\_\_ Light Board Operator \_\_\_\_\_ Stage Lighting  
 \_\_\_\_\_ Curtain Operator \_\_\_\_\_ Microphones – How Many? \_\_\_\_\_  
 \_\_\_\_\_ Custodians – How Many? \_\_\_\_\_ \_\_\_\_\_ Piano  
 \_\_\_\_\_ Cafeteria Worker – How Many \_\_\_\_\_ \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Scoreboard Operator \_\_\_\_\_

Comments: \_\_\_\_\_

**Rules and regulations pertinent to the use of a school division facility are enclosed.**

\_\_\_\_\_ **YES, I have read and understand all rules and regulations governing the use of Petersburg School Board facilities.**

\_\_\_\_\_ **YES, I agree my organization will enforce all rules and regulations which are applicable to the use of facilities for the event.**

The undersigned shall adhere to the fullest extent permitted by law, indemnify and hold Petersburg City Public School Board (the board) and its officers, agents and employees harmless from and against all claims, damages, and losses arising out of or resulting from the undersigned's use of facilities, including but not limited to any such claim, damage, loss or expense that is attributed to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting there from or to economic loss, provided, however, that the undersigned's indemnification under this agreement shall be limited to claims, damages, losses, and expenses to the extent caused by any act of omission of the undersigned, or any officer, employee, agent or invitee of the undersigned or anyone for whose acts the undersigned may be liable.

\_\_\_\_\_  
Signature of Applicant

Insurance Information: Policy Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

For Use by Administration		
Cost for Areas		<b>NO CHARGE</b>
Cost for Services		Application Approved <span style="float: right;">Application Denied</span>
Other Costs		Authorized by:
<b>Total Cost for Use</b>		Date: