



Please Print Legibly

Application Facility Use: Form 2900-A

Applicant: _____
 Email: _____
 Day Phone: _____ Fax: _____

School Site: _____
 Event Dates: _____
 List Specific Dates and Times of Use on Form 2900-S

Expected Attendees: Adults: _____ Children: _____
 (include audiences)

User/Organization: _____

Event Description: _____

Per Board Policy 7400.2: Activities not sponsored by the Wake County Public School System are non-school activities as defined by G.S. 115C-524(b).

| | | | | | |
|---|----------------------|---|--|-------------------------------|--|
| CSUID: | | The Community Schools User ID Number (CSUID) is located on your Community Schools Invoice. If using a CSUID, please use the section below to notify us of any changes to your organization. | | | |
| OR Complete This Section | User/Organization is | <input type="checkbox"/> WCPSS <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other | | Non-profit / Federal Tax ID # | |
| | Applicant Address: | | | Evening Phone: | |
| | | | | Cell Phone: | |
| | Secondary Contact: | | | Day Phone: | |
| | Address: | | | Evening Phone: | |
| | | | | Cell Phone: | |
| | Email: | | | Fax: | |
| | Billing Contact: | | | Day Phone: | |
| | Address: | | | Evening Phone: | |
| | | | | Cell Phone: | |
| | Email: | | | Fax: | |

Your application cannot be processed and remains incomplete without the following:

- Completed Space Worksheet (Form 2900-S) or Equipment Worksheet (Form 2900-E), or both as applicable.
- Current Certificate of Liability Insurance
- Attached On file with Community Schools
- \$1 million Commercial General Liability Coverage per occurrence and \$2 million annual aggregate. Certificate must list "Wake County Board of Education" as Certificate Holder and Additional Insured.

Invoice this Event: Each month Each quarter Whole Event
 Please send invoices by: Postal mail Email Fax

I have read and agree to abide by the Guidelines for Community Users (Form 2900-G) and Board Policy 7400 and 7410 (see <http://www.wcpss.net/policy-files/> for Board Policies). I also agree that the above information is correct and that the attachments listed to the left are being submitted with the Facility Use Application.

Applicant Signature _____ Date _____

Signature on this Application does not constitute a contract for use of Wake County Public School System facilities. A contract for use will be sent upon successful processing of your application.

Your first invoice will include a \$35 Processing Fee

| | | | | | | | | | | | | |
|---|---|--|--|--|--|---------------------------------|---|---|---|----|---|----|
| School Use | Personnel: <input type="checkbox"/> Required <input type="checkbox"/> None <input type="checkbox"/> Other Specify: _____ <small>(Check all that apply)</small> | | | | | | | | | | | |
| Personnel Required | Start and Stop Times | Specific Dates and Repeat Ranges or 2900-S line # | | | | Indicate Weekly Repeats: | | | | | | |
| Custodian | — | | | | | Su | M | T | W | Th | F | Sa |
| Facility Supervisor | — | | | | | Su | M | T | W | Th | F | Sa |
| Staff Technician | — | | | | | Su | M | T | W | Th | F | Sa |
| Student Technician | — | | | | | Su | M | T | W | Th | F | Sa |
| | — | | | | | Su | M | T | W | Th | F | Sa |
| <input type="checkbox"/> Additional Form 2900-P attached If more space is required, download Form 2900-P from http://cs2.wcpss.net/ | | | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | | | |
| Recommend for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No: | | | | | | | | | | | | |
| Principal Signature _____ | | | | | | Date _____ | | | | | | |
| <p style="text-align: right;">Forward signed application to: Community Schools Community Use 3600 Wake Forest Road Raleigh, NC 27611-8041</p> | | | | | | | | | | | | |
| <small>Principal's Signature on this Application does not constitute approval for use of Wake County Public School System facilities.</small> | | | | | | | | | | | | |

Please Print Legibly

User /Organization: _____

School Site: _____

| To be completed by the Applicant | | | | | | | | | | | School Use | | | | |
|---|----|--------------------|---|------|----|---|-----|--------------|---|------------------|------------|-------------------|----------------|-----|-------|
| Specific Dates and Repeat Ranges <small>If a weekly repeating event, list Start and Stop Dates</small> | | | | | | | | # Days Total | Start and Stop Times <small>Include all time on premises</small> | Spaces Requested | Room # | HVAC # | | | |
| <small>Indicate Weekly Repeats:</small> | | | | | | | | | | | | | | | |
| 9/11/04, 9/14/04 | | 9/19/04 - 11/15/04 | | (Su) | M | T | (W) | Th | F | Sa | 11 | 6:30 pm – 9:00 pm | e.g: Classroom | 101 | CLAS1 |
| 1. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 2. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 3. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 4. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 5. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 6. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 7. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 8. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 9. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 10. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 11. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 12. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 13. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 14. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 15. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 16. | Su | M | T | W | Th | F | Sa | | - | | | | | | |
| 17. | Su | M | T | W | Th | F | Sa | | - | | | | | | |

User Signature

Date

Principal Signature

Date

Community Schools
Community Use