## LOUDOUN COUNTY SCHOOL BOARD 21000 Education Court Ashburn, Virginia 20148

## Application For Community Use of School Facilities and Grounds By All Non-School Users (Submit Completed Application Directly to School/Facility Requested for Use)

The Undersigned hereby makes	If Other please provide:(If Other Please Fill in Full Name of Organization - DO NOT ABBREVIATE)					
for special use of:		School, for	(11 5 2107 2		or organization 2	, , , , , , , , , , , , , , , , , , ,
on:	(Name of School)	From:		(List T	ype of Activity)	
(Day of Week)	(Month / Day / Year)	FIOIII.	(Hours of Use)	(AM/PM)	(Hours of Use)	(AM/PM)
Number of Persons to Attend:		Number of hour	s facility will be use	ed (include set	-up/take-down):	
Space Requested:						
If Classrooms are requested plea	ase provide number o	f rooms:				
Will Admission Be Charged?		Fees Collected?		Donation	s Solicited?	
If "Yes", Please Explain:						
Will Anything Be Sold?		If "Yes", What?				
INDEMNIFICATION AGREEMENT: In Undersigned, if more than one, jointly and a and all claims, causes of action, demands, so of any facilities owned or maintained by Lo	severally, hereby agree to inc uits, or actions at law and in	demnify and save harmless a equity for any loss or perso	the Loudoun County Sc nal injury suffered or re	hool Board and a	ill employees and memi	bers thereof from any
In the event of any claim being asserted, the					sserted as is reasonably	practical.
Signature:	**** <u> </u>	PLEASE WRITE		**		
Signature.	(Printed Name - Contact	Person)	Title:			
Address of Contact Person:		1				
Telephone Numbers: (HOME)	www.	(BUSINESS/CE	LL)	Date Appl	ication Filed:	
Signature:			Title:			
	(Person/s Submitting Appl	ication)	•			
E-mail Address:					(B.1.)	
the	ation is processed th signature of the Dire	-	Recreation must		below.	•
Signature:	County Department of Par	ks and Recreation)	Title:		Director	
The above application has been county, and the application is:			ulations governir	ng school fac	ilities and ground	ls use in Loudoun
county, and the appround is.		,	Approved		Not Approved: _	
Signature:			Approximat	e Fees: (NO	TE: Two-Hour	Minimum)
(Principal/Facility		5	Space Requested:			
Title:			Supervision/Custo	diale		
Date:			super vision/Cusic	zuiai.		
		7-	Total Approximat	e Fees:	MIL. 1	
Copy To: Assista	ant Superintendent for Sup	port Services Or	ganization Requesting	Facility Use	School/Facil	ity

Revised: November 2010