



USE OF FACILITY AGREEMENT

Flagler County School District
e-mail us at - uof@flaglerschools.com

For The Purpose of Political Debate

School Requested BTMS Room Cafeteria Non-Profit
 Requesting Organization Daytona Beach News-Journal Contact Person Pat Rice
 Mailing Address PO Box 2831 City/State/Zip Daytona Beach, FL 32120-2831
 Office Telephone 386-252-1511(Main Number) Telephone 386-681-2222
 Number of Participants Client E-Mail pat.rice@news-jrnl.com

USE OF FACILITY SCHEDULE

Additional Information & Special Instructions

Date	Day	Times	
	Sunday		A/C on in the cafeteria - Parking lot lights on if needed
08/08/16	Monday	6:00pm - 9:00pm	1 Podium on corner of stage - 3 folding tables/6 chairs on stage - curtain closed - screen down for sponsor display - 1 folding table back of cafeteria for reporter with with 2 chairs - custodial to set tables up in bench seating arched with walk way - water will be available for attendees
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		

Enter Multiple Date Use Below

Additional Staff charges will be added for Summer and/or Holidays.

Date From	Date To	Times	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes	No

School Sponsored Activity

THIS IS ONLY AN ESTIMATE AND NOT A BILL. AN INVOICE WILL FOLLOW.

Fee	\$ 40.00	X	1	Room(s)	X	3	Hours in Use	Total	\$ 120.00
Fee	\$ 40.00	X	Technology	Room(s)	X	2	Hours in Use	Total	\$ 80.00
Fee	\$ -	X	0	Room(s)	X	0	Hours in Use	Total	\$ -
Fee	\$ -	X	0	Room(s)	X	0	Hours in Use	Total	\$ -
# of Staff		X	\$ 35.00	Per Hour	X		Hours	Total	\$ -
Staff is either a custodian and/or a Food Service Worker or Elec./A/C Technician							Ins/Sound	Total	\$ -
Utilities Per Hour Cost	\$ 10.00	X	0	Room(s)	X	0	Hours in Use	Total	\$ -
TOTAL ESTIMATE								\$	200.00

This is to certify that I and the group that I represent, will comply with the requirements of the School Board as explained to me and to accept any liabilities of any damages to the facilities caused by the person or persons involved in this activity and to hold the school board harmless from any and all liabilities resulting from the use of the facility. I will notify the office immediately in writing of any changes to the agreement. The above organization will provide Liability Insurance adding the School District as an additional insured or will purchase from the School Board the facilities use insurance coverage as set forth in the School Board Policy #320. As a responsible individual from this group, I have been furnished with the scope of coverage required by Flagler County Schools.

By signing this statement regarding the Use of Facility for our Organization and the Flagler County School District, we will consist to the following. The Organization will do the necessary background check for all its members while using these facilities which are dedicated to the Flagler County School District. All parties using these facilities will inform all involved parties of the actives in writing that their Organization is not anyway affiliated with the Flagler County School District. All Insurance Liabilities are current and meet School Board Policy and are filed with the Use of Facility Coordinator in the District Office. Any questions or concerns please call the District Office at (386) 437-7225

Use of Facility reserves the right to move small churches or groups from the large specialty rooms to smaller rooms in order to accommodate larger groups.

**Elec./A/C Technician - \$44.76 per hour.

[Signature] 7/13/16
 School/Principal/Ass't. Principal Date
[Signature]
 District Office Date

See Attached
 Signature of Person Responsible Date
[Signature] 7-14-16
 Custodial Coordinator Date

#3008
6-10-10



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	Wednesday	
	Thursday	
	Friday	
	Saturday	

** need 9 chairs*

Enter Multiple Date Use Below

Date From	Date To	Times

Additional Staff charges will be added for Summer and/or Holidays. Yes No

School Sponsored Activity Yes No

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Fee \$	Room(s)	Technology	Room(s)	Hours in Use	Total \$
40.00	X 1	X	X 3	3	120.00
40.00	X	X	X 2	2	80.00
-	X 0	X	X 0	0	-
-	X 0	X	X 0	0	-
# of Staff	X \$ 35.00	Per Hour	X	Hours	-

Staff is either a custodian and/or a Food Service Worker or Elec./A/C Technician Ins/Sound
 Utilities Per Hour Cost \$ 10.00 X 0 Room(s) X 0 Hours in Use Total \$ -

TOTAL ESTIMATE \$ 200.00

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School Principal/Ass't. Principal	Date	Signature of Person Responsible	Date
District Office	Date	Custodial Coordinator	Date