

LEXINGTON SCHOOL DISTRICT FOUR, GASTON-SWANSEA
607 East Fifth Street
Swansea, S.C. 29160
803-490-7000

APPLICATION FOR USE OF LEXINGTON FOUR FACILITIES

Name of Organization:			
Description/Purpose of Organization:			
Contact Person:		Phone:	
Address:			
Reason for Use of Facility:			
Space Needed:		Name of Facility Needed:	Maximum Attendance Expected:
Date(s) Needed: CHECK WITH SCHOOL FOR AVAILABILITY OF DATES	Set-up Date/Time	From: a.m. or p.m.	To: a.m. or p.m.
	Date/Time of Event	From: a.m. or p.m.	To: a.m. or p.m.

Rental Agreement:

I, as a representative of this organization, accept full responsibility for the use of the district facility. I further acknowledge that the school district will not be held responsible for any injuries or problems that might occur in the use of any district facility. Board policy prohibits use of district facilities for moneymaking events. All Lexington Four Board Policies must be adhered to including the prohibited use of alcohol and tobacco. **My signature indicates an understanding and acceptance of this policy.**

_____	_____	_____
(Please Print)	(Signature)	(Date)
Designated Organization Representative	Designated Organization Representative	

<p>If this is an event for students, there must be 1 chaperone for every 20 students attending the event. Please give chaperone names:</p>
<p>If this is an event for students, there must be 1 law enforcement officer, up to and for every 50 students attending the event.</p>
<p>District regulations require that an employee must be present when the facility is being used.</p>
<p>Custodian Personnel Assigned:</p>

\$ _____ Rental Charge See rental rates table below.

\$ _____ Security Deposit \$100 (to be refunded one week after the event, if there are no damages to the facility)
\$25 of the security deposit is nonrefundable unless cancellation is received 14 days prior to the event.

\$ _____ Deposit of \$100 for school personnel to set up tables, chairs, etc. is nonrefundable (optional service)

\$ _____ Total Deposit Due Receipt No. _____ Date Paid _____

\$ _____ Balance Due (must be paid at least two days prior to the event) Receipt No. _____ Date Paid _____

All checks must be made payable to Lexington School District Four.

NOTE: The organization will be billed for use of the facility for time beyond the hours specified above.

Approved by Principal/Facility Supervisor _____ Date _____

User Group Categories

Groups are listed in order of priority. That is, an organization classified as a User Group 1 applicant would be given priority over an organization classified as a User Group 2 applicant. The types of fees assessed for each group are also listed.

Priority	Fees			
	Personnel	Cost Recovery	Rental	Equipment Use
Group 1-3				
Group 4	X	X		X
Group 5	X	X	X	X
Group 6	X		X	X
Group 7	X		X	X

Fees Chart (Hourly Rate)

Groups 3 & 4 / Group 5 / Group 6			
Fees Per Hour (2 hour min.)	Cost Recovery Fees	Non Commercial	Commercial
Cafeteria	\$30	\$40	\$75
Multi-Purpose Room	\$30	\$40	\$75
Commons Area (SHS)	\$30	\$50	\$85
Kitchen	\$50	\$40	\$50
Outdoor Space	\$10	\$25	\$50
Auditorium	\$50	\$95	\$125
<p><i>*Rehearsal time in auditorium for commercial event will be reduced to non-commercial rate.</i></p> <p><i>*A maximum 30-minute "grace period" for each usage will be granted for logistical coordination. Total charge for employees will cover any time past the listed event time.</i></p> <p><i>*Use of kitchen facilities require a food service employee be present.</i></p>			

Salary and Benefits

Listed are estimated hourly wage expenses (including benefits) that may be incurred for event staffing. Rates may vary based on scheduling, i.e. holidays. Actual expense will be included on the final event invoice. Overtime rates may apply.

ESTLMATED RATES WITH BENEFITS