



COLONIAL BEACH PUBLIC SCHOOLS

400 Lincoln Avenue
Colonial Beach, Virginia 22443
(804) 224-0906
www.cbschools.net



Clint M. Mitchell, Ed. D
Division Superintendent

Michelle Payne, Board Chair
Colonial Beach School Board

COLONIAL BEACH PUBLIC SCHOOLS - APPLICATION FOR USE OF FACILITIES

INSTRUCTIONS:

1. All information must be furnished before application can be processed.
2. Fees for all known services and/or rental must be paid once application is approved.
3. Make checks payable to Colonial Beach Public Schools.
4. Application must be filed with the School Board Office not less than ten (10) working days before intended use.
5. Send application form to Colonial Beach School Board Office, 400 Lincoln Ave, Colonial Beach, VA 22443
(Email: SBO.CBPS@CBSchools.net)

Organization _____ Location _____

Address _____ Date Application Filed _____

Contact Person _____ Contact Number _____

Address _____ Email: _____

Date(s)/Time(s) of Activity _____

Type of Activity _____ Set-up Time _____

Spaces Requested: Cafeteria ___ Gymnasium ___ Classroom ___ Parking Lot ___ Field ___

Special Equipment Desired _____

Admission Charges (if none, so indicate) Adult \$ _____ Couple \$ _____ Child(ren) \$ _____

The undersigned and the above names organization, jointly and severally, agree to be responsible for the terms of this agreement, including payment of all fees, expenses, damages to premises and further agree to hold the Colonial Beach School Board, its agents, servants and employees harmless from any legal liability, injury or damage to any person or property in connection with the use of the school facility. The undersigned certifies that he/she is familiar with the rules and regulations of the Colonial Beach School Board for the Use of School Facilities and that such rules and regulations will be enforced. The undersigned further acknowledges that the fees shown are estimated fees and that they are responsible for any changes that may be accessed due to the actual use of facilities, equipment, and personnel.

Signature of Contact Person

Position

Date

Certificate of Insurance Attached _____

Expiration Date _____

Facility Rental Fee ___ x ___ hours = Total _____

Following the activity, a facility/grounds inspection will occur. The renter is responsible for any damage or vandalism that did occur during the duration of the activity.

APPROVED BY:

Principal

APPROVED BY:

Executive Director of Accountability & Operations

Personnel Fees:	Total Hours		Hourly Rate
Supervision		X	
Custodial		X	
Security		X	
School Nutrition		X	
Other (Specify)		X	
*FICA Taxes		X	
Estimate TOTAL			
Payment Rec'd			
Balance			

February 2024