



DINWIDDIE COUNTY PUBLIC SCHOOLS

OFFICE OF SUPERINTENDENT
P.O. BOX 7
14016 BOYDTON PLANK ROAD
DINWIDDIE, VIRGINIA 23841-0007
(804) 469-4190 / Fax (804) 469-4197

Dear Organization:

School use policies, procedures and fee structures were recently reviewed and revised. Please complete this form and return to the principal of the building that you wish to use.

If you wish to use the Historic Southside High School Education Center (former Dinwiddie Middle School) please complete this form and return to the School Board Clerk at the Dinwiddie School Board Office.

ORGANIZATION REGISTRATION FORM

Name of Organization: _____

Organizational Contact/Position: _____

Contact's Address: _____

Contact's Telephone Number: (Home): _____ (Work): _____

Alternate Contact: _____

Alternate Contact's Telephone Number: (Home): _____ (Work): _____

Organizational Non-Profit I.D. Number: _____

Activity(s) facility(s) is/are being requested for: _____

Please check which facility(s) is/are being requested:

<input type="checkbox"/> Dinwiddie High School	<input type="checkbox"/> Dinwiddie Middle School	<input type="checkbox"/> Southside Elementary School
<input type="checkbox"/> Dinwiddie Elementary School	<input type="checkbox"/> Midway Elementary School	<input type="checkbox"/> The Historic Southside High School
<input type="checkbox"/> Sunnyside Elementary School	<input type="checkbox"/> Sutherland Elementary School	<input type="checkbox"/> Education Center (former DMS)

Anticipated Dates of Use: _____ thru _____

Anticipated Days and Times of Use: _____

Anticipated Registration Time Frame: _____

Anticipated Number of Participants Served/Coaches Involved: _____ / _____

Is your organization covered by insurance? Yes / No

Are the participants covered by organizational insurance? Yes / No

Are the coaches covered by organizational insurance? Yes / No

Does the insurance cover any property/facility damages caused by your organization? Yes / No

Is the Dinwiddie County School Board named as an additional insured? Yes / No

Insurance Information: Please attach photocopy of organization's insurance.



DINWIDDIE COUNTY PUBLIC SCHOOLS
FACILITY USE PERMIT
INSTRUCTIONS

Multiple Events

Single Events

- 1. Submit Memorandum of Understanding, Authentication, a master schedule of events, and a valid Certificate of Insurance to the School Board Office annually for approval.
2. Schedules will be forwarded to the appropriate facility for review by the Principal or designee for approval and any conflicts will be reported to the School Board Office.
3. A letter will be sent to the organization stating denial or approval for the listed dates and times. The principal or designee at the appropriate location must approve any variances.
4. Custodial fees will be billed monthly, if applicable.

- 1. Submit a Facility Use Permit and a valid Certificate of Insurance to the Principal or designee in charge of the appropriate facility. Submit the request at least 30 days in advance to allow sufficient time for approval and to schedule workers, etc.
2. Please allow time for the Principal to schedule the event, determine what fees, if any are due, and forward the application to the School Board Office for approval. A letter stating denial or approval will be mailed to the organization or individual and approved applicants will be provided a fee schedule.
3. All fees must be paid at least 5 days prior to the event. Failure to pay applicable fees will cancel the reservation.
4. Custodial fees will be billed to the organization or individual after the event. Fees will be due immediately.

1. Name of organization or individual making request: _____

2. School to be used: ___ DHS ___ DMS ___ Sutherland ___ Dinwiddie Elementary
___ Midway ___ Southside ___ Sunnyside ___ The Historic Southside High School Education Center (former DMS)

To use: ___ Gym ___ Auditorium ___ Dining Hall ___ Rooms
___ Lighted field ___ Unlighted Field ___ Others _____

3. Date(s) to be used: _____ Hours: From _____ To _____

4. Purpose of Use: _____

5. Anticipated Attendance: _____

6. Admission Charge: Adults _____ Students _____

7. The following special services will be required:
___ Special lighting – Auditorium ___ P.A. System ___ Other _____

8. The person who will be in charge and on-site for the event _____ Telephone: _____

I, the undersigned, as a representative of the club or organization, agree to the conditions set forth in the Guidelines for Community Use of School Facilities and certify that a valid Certificate of Insurance is attached to this request.

Signature _____ Title _____

Printed Name _____ Telephone _____

Address _____

Request Received: _____

___ Approved ___ Denied

Building Use Fee: _____

Additional Custodial Services Required:
___ Yes ___ No

Signature of Principal or Designee _____

Date _____

Signature of Designee for the School Board Office _____

Date _____