

**ORANGE COUNTY SCHOOLS  
APPLICATION/FACILITY USE  
AGREEMENT  
Staff/Space/Equipment Worksheet  
Form 100A**

Name of User Group/Organization \_\_\_\_\_

School: \_\_\_\_\_

Facility Date (s) Requested: From \_\_\_\_\_ To \_\_\_\_\_

Circle the day (s) of the week requested: M T W Th F S Su Time: From: \_\_\_\_\_ To \_\_\_\_\_

Circle the day (s) custodial support is needed: M T W Th F S Su Time: From: \_\_\_\_\_ To \_\_\_\_\_

Circle the day (s) technical support is needed: M T W Th F S Su Time: From: \_\_\_\_\_ To \_\_\_\_\_

Circle the day (s) cafeteria support is needed: M T W Th F S Su Time: From: \_\_\_\_\_ To \_\_\_\_\_

Total # days \_\_\_\_\_ Total # hours \_\_\_\_\_

RENTAL SPACE	Completed by User Group	Completed by User Group	Completed by Principal (Custodial Support)	Completed by Principal (Technical Support)
Date (s) of Rental	Space (s) Requested ( i.e cafeteria, auditorium, gymnasium, etc.)	Time in Space (include set-up/clean-up)	Name of Custodian _____	Name of Tech Staff _____
			# of hours ea. Yes No	# of hours ea. Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

EQUIPMENT INFORMATION Equipment Price List	Completed by User Group	Completed by User Group	Completed by User Group	Completed by Principal
Equipment	Quantity Needed	Date Needed	Times of Use Needed	Availability for Use
PA System—\$35-\$100 Day				Yes \$ _____ No
Stage or Spot Light \$25 /Hr.				Yes No
TV—\$25/Hr				Yes No
VCR/DVD—\$20/Hr				Yes No
Risers—\$75/Hr				Yes No
Screen—\$5/Day				Yes No
Tables—\$3/Hr				Yes No
Chairs—\$1/Hr				Yes No
Scoreboard—\$5/Hr				Yes No
Projectors—\$25/Hr				Yes No
Other				

(To Be Completed by Principal )

(Check block if needed)

Orange County Schools Maintenance Department will make all allowances for additional heating or air conditioning.

Orange County Schools Child Nutrition Department is responsible for cafeteria employees.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date