Jackson County Community Schools Facility use Application

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School	Date of Application		equest received by designee		
Areas of school facility requested	school facility requested Equipment requested				
Type of activity					
Organization responsible		Profit	Non Profit		
Address			Phone		
Person responsible	Address		Phone		
Dates(s) of use					
Estimated number of participants		Adult	ts Minors		
Fees to be charged for use of facil Custodial school personnel require Cafeteria school personnel require		ost Yes ost Yes Ves	No No No	_ _	
Security (cost configured by the S Key deposit required	Sheriffs' Department)	lost	Yes No		
Special agreements					
 The user will be respon Education exclusive of the user hereby agrees all claims for damages to regard to whether the dathed Jackson County Bo Attach copy of liability the name of the insuran limits-minimum \$1,000 This form must be com Visitors using tobacco p 	tion the user will adhere to the or Principal reserves the right sible for and agree to pay for ordinary wear and tear. This and undertakes to save and to person or property that makes are to feducation, or any other insurance declaration page once company, name of insured	to determine available damages done to the part of the actual cost of the hold harmless the Jack ay arise out of the use of the brought about or certificate if insuranced, policy number, effections 30) with updated in ain while on school pro	procedures for community of facilities for community of the Jackson County total repair and/or replace son County Board of Educat of the facility and equipment, aused by the negligence of the, firm, or corporation. The showing the following: tive date and expiration date assurance.	aty use. aty Board of ment. ation from and without the applicant, the state of th	
North Carolina Department of 164.4(a)(10). In the event the sales tax directly to the North organization hereby agrees to	onsible to determine whether of Revenue sales tax on admiss at your organization is not exert Carolina Department of Reveotindemnify and hold harmless eys from any fines, damages, c	ions charges to entertain npt, your organization is nue in accordance with t the Jackson County Boa	nment events pursuant to N.C.C s required to charge and remit the applicable sales tax rate. urd of Education and its membe	G.S. § 105- the collected Your ers, officers,	

associated with the collection and remittance of sale tax on admission charges associated with your event, rental and/or activity.

Jackson County School System 398 Hospital Road Sylva, NC 28779 828-586-2311

Facility Use

	Fee Per Day/Per Use For Non-Profit, Parent/ Student Youth Groups	Fee Per Day/Per Use For All Other Groups
Auditorium/Gymnasium	None	\$300
Cafeteria	None	\$120
Kitchen	None	\$300
Multi-Purpose	None	\$150
Baseball/Softball	None	\$75
Football Field at Night	None	\$600
Outdoor Area	None	\$75
Gymnasium	None	\$600

	Fee Per Hour	Fee Per Hour
Custodial	\$35	\$35
Cafeteria Personnel	\$35	\$35
Key Deposit for all Groups	\$50	\$50

^{*}Per day charge includes any part of a day.

^{**}Key deposit will be waived for Jackson County Recreation and Parks Department.