



Application for Use of Head Start Training Center

Name of Organization: _____

Address of Organization: _____

Phone: _____

Name of Contact Person: _____

Date of Use: _____

Purpose of Use: _____

Will Organization need to rent LED Projector? Yes _____ No _____

Will admission be charged? Yes _____ No _____ Profit-making activity? Yes _____ No _____

Is the organization or agency requesting facility use a 501(c)3 entity? Yes _____ No _____

If this application is approved, the organization named agrees to:

- A. Pay applicable rental fee of \$45 for a maximum of 3 hours with \$150 refundable deposit. Deposit will be forfeited if facility is not cleaned per rental agreement.
- B. Pay for any damages made to school property (building, grounds and equipment) during time of rental.
- C. Assure compliance of Drug/Alcohol/Firearm Free Policies.
- D. Assure compliance with all facility guidelines as indicated in the rental agreement.
- E. Notify BeauCARE at least 24 hours in advance if scheduled meeting/event is cancelled.

Date of Application

Signature of Organization's Representative

Amt Paid

Phone

APPROVAL

Date

BeauCARE Head Start Director

Date

BeauCARE Executive Director

Board of Directors

Percy McCraney, President
 Faith Thomas, Vice President Leon Lagneaux, Secretary/Treasurer
 Brendan Gau Jacqueline Rushford Kerin Morris Monya Gott Molly Lewis

Team Members

Annette Duplechin, Executive Director
 Bruce Butts, Director of Finance
 René Coody, Head Start Director



"Assisting children, families, and communities in connecting to programs and resources that will improve their quality of life."

