



APPLICATION FOR BOOSTER CLUB or PTA-MANAGED FEE-BASED CAMPS, CLASSES, CLINICS, AND LEAGUES

Fee based activities (camps, classes, clinics, and leagues) with Fairfax County Public Schools (FCPS) -paid employees complete pages 1-3; all others complete page 1 only. A financial statement (ADM-24A) is to be furnished to the coordinator, Community Use Section, within four weeks of the close of each activity involving FCPS-paid employees.

A copy of the promotional flier must be submitted with all applications.

This activity has been approved by the Booster Club or PTA and will be under the club's or the PTA's direction. The required information relating to this activity is presented below.

1. Name of Booster Club or PTA _____
2. Name of Activity _____
3. Activity Date(s) _____ Number of Days _____ S M T W Thu. F Sat.
Please Check All Activity Days
4. Daily Activity Times _____ Number of Hours per Day _____
5. School to Be Used _____ Location: (e.g., gym, cafeteria, classroom, fields) _____
6. Estimated Number of Students _____ Students Age or Grade _____
7. Standard Fee to Be Charged to Each Participant _____ (per hour) _____ (per session) Charges for Supplies _____ (per student)
8. What Type of Instructor(s) Are You Using? (please check all that apply)
 Independent Contractor FCPS Employee (paid) FCPS Employee (not paid) Parent Volunteer
 Volunteer Instructor Who Needs to Become an Employee
9. Name of Insuring Company With Cost and Coverage for Liability (If using Independent Contractor, please provide their insurance information) _____
10. Who is responsible for handling registration and payment? Booster/PTA Independent Contractor
11. If Using an Independent Contractor, Please Provide the Name of the Company _____
12. Have Background Checks and Fingerprinting Been Provided by Independent Contractors? Yes No
 If Not, Explain: _____

We have reviewed the current versions of Regulation 8424 and Notice 8424, agree to the requirement therein, and request your approval for this activity.

Booster Club or PTA Representative (please print) _____ Signature _____

Phone Number _____ E-Mail _____ Date _____

Camp, Clinic, or Class Director, or Independant Contractor (please print) _____ Signature _____

Phone Number _____ E-Mail _____ Date _____

APPROVED DISAPPROVED Comments: _____

Principal _____ Date _____

APPROVED DISAPPROVED Comments: _____

Community Use Section _____ Date _____

CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET*

| | | |
|------------------------|------------|---------------------------------|
| (Activity) | (Location) | (Inclusive Dates for Session) |
| (PTA, or Booster Club) | | Session ____ of ____ Session(s) |

ESTIMATED INCOME

| | | | | |
|------------------------|---|---------------------|---|----------|
| Number of Campers | x | Fees per Session | = | Total |
| _____ | x | _____ | = | \$ _____ |
| _____ | x | _____ | = | _____ |
| _____ | x | _____ | = | _____ |
| Total Estimated Income | | | | \$ _____ |

PROJECTED EXPENSES

| Personnel | Other |
|-----------|----------------------------------|
| Name | Amount |
| | Equipment (attach list) \$ _____ |
| | Supplies _____ |
| | Printing _____ |
| | Awards _____ |
| | Postage _____ |
| | Custodian _____ |
| | Insurance _____ |

Counselors (from page 3) \$ _____

Lecturer(s) (from page 3) \$ _____

Total Personnel Expenses \$ _____ Total Other Expenses \$ _____

Total Expenses \$ _____

Projected Net Income..... \$ _____

Disposition of Net Income: _____

COPY OF FINANCIAL STATEMENT (ADM-24A) IS TO BE FURNISHED TO THE COMMUNITY USE SECTION WITHIN FOUR WEEKS OF THE CLOSE OF EACH SESSION WITH FCPS-PAID EMPLOYEES.

*Attach drafts of all proposed promotional materials related to the camp, clinic, or league.

PROJECTED COUNSELOR STAFF

(Counselors must be 16 years old or rising 11th graders)

| <u>Name</u> | <u>Age</u> | <u>Grade</u> | <u>Amount</u> (if applicable) | <u>School Currently Attending</u> |
|-------------|------------|--------------|----------------------------------|-----------------------------------|
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PROJECTED GUEST LECTURER(S)

| <u>Name</u> | <u>Number of Hours</u> | <u>Fees</u> |
|-------------|------------------------|-------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
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