



TRUSSVILLE CITY SCHOOLS

113 North Chalkville Road
Trussville, AL 35173
(205) 228-3000 FAX (205) 228-3001

Trussville City Schools Community Education Use of Facilities Agreement

Date: _____

This Agreement of Use of Facilities issued this date between Trussville City Schools Community Education and _____, conditional upon acceptance hereof by Trussville City Schools, will confirm the use of facilities as follows:

Contract Period: August _____ – May _____

Program Title: _____

Use of Facilities Fee: 15% of gross revenue/\$15/hour – **Make checks payable to TCS and send to Central Office 113 N Chalkville Rd. Trussville AL 35173**

Documentation of Course/Class Fees and of Students' Participation **by name** must be received with the Use of Facilities payment payable to Trussville City Schools (if appropriate). Acceptance of this offer of Use of Facilities and the provisions of this Agreement should be indicated by signing in the space provided and returning the original copy to Trussville City Schools, Attn: Paula Sharp, 113 N Chalkville Rd Trussville, AL 35173. We reserve the right to terminate this contract at any time.

Approval of the school principal(s) is required before this contract can be initiated.

Paine Elementary	Magnolia Elementary	Cahaba Elementary	HTMS	HTHS
_____	_____	_____	_____	_____
Lisa Lothspeich	Dr. Phyllis Faust	Joy Tyner	Jennifer Abney	Tim Salem

Hal Riddle, Community Education Coordinator

I acknowledge that I have read and understand all provisions of the foregoing Contracted Services Agreement, and I accept this offer of contracted services and agree to abide by all provisions of the foregoing Agreement.

Name (Please print): _____

Signature: _____

SSN or Business Lic. #: _____

Phone #: _____

Email Address: _____

Please provide a copy of your Liability Insurance.

(Department Use Only) Proof of Insurance Received	_____ Yes	Date: _____	_____ No (Explanation Required)
--	-----------	-------------	---------------------------------