



# DISTRICT OF COLUMBIA PUBLIC SCHOOLS APPLICATION TO USE FACILITIES

This form must be received in the Real Estate Office **at least twenty (20) working days** prior to the proposed use. For more information, call the Real Estate Office on (202) 442-5199. The Principal's approval is needed prior to submitting this application to the Realty Office.

DATE OF APPLICATION: \_\_\_\_\_ FACILITY REQUESTED: \_\_\_\_\_

NAME OF USER/ORGANIZATION: Wilson Tiger Athletics, Inc. (Tiger Boosters)

AUTHORIZED CONTACT: WTA Co-President, Maria Emanuel

ADDRESS: 3950 Chesapeake Street, NW Washington, DC 20016 TELEPHONE: (202) 607-8642

EMAIL ADDRESS: wta.inc.president@gmail.com FAX: \_\_\_\_\_

DESCRIPTION OF PROPOSED USE: (Attach a brochure, flyer, etc. describing your activity.)

Check if applicable to proposed use: More than 100 persons expected to attend:  YES  NO  
Handling of money:  YES  NO

Specific Area Requested:  Auditorium  Gymnasium  Stadium  Classrooms (No: \_\_\_\_\_)  
 Armory  Cafeteria  Kitchen  Other \_\_\_\_\_

Period of Requested Use:	Hours	Days	Dates
	From...To	Mon-Sun	Month/Day/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of User:	<b><u>Public School Related:</u></b>	<b><u>Non-Public School Related:</u></b>
	<input type="checkbox"/> PTA or HAS or WTA	<input type="checkbox"/> Religious Organization
	<input type="checkbox"/> DCPS Program or Activity	<input type="checkbox"/> Non-Profit Group
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other _____

How is the program funded?  DCPS  Grant  Other Tiger Boosters  
Is the Staff...?  paid  volunteer  
Is there a charge to the participants?  YES  NO

User Signature: Maria Emanuel Date: \_\_\_\_\_

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NOTE: All Users must immediately vacate the premises, as a result of a court order, construction, or inclement weather. This agreement may be cancelled with a thirty (30) day notice for the convenience of the School System.

**INSURANCE INFORMATION:**

The following information must be accurate. (False information will be cause for immediate termination of the agreement.)

Name of Insurance Company: Philadelphia Indemnity Insurance Company

Policy Number: PHSD1410434 Coverage: General Liability, Sexual & Physical Abuse, Cybersecurity, & Professional Liability

Name and Telephone no. of Insurance Agent: William Ayers , Email: Will.ayers@PHLY.com , Tel: (703) 684-3134

All users must sign an Indemnification Form, after approval of the use application by the Real Estate Office as necessary. This form plus a copy of the User's Insurance Certificate must be submitted to the Real Estate Office at least forty-eight (48) hours prior to entering the building.

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**For DCPS Real Estate Office Use Only**

**Calculated by:**

REQUESTED USE	Fee	No. Rooms	Daily/Monthly	Days/Months	Total Cost
Auditorium	_____	_____	_____	_____	_____
Gymnasium	_____	_____	_____	_____	_____
Classroom(s)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

PERSONNEL	Name/Grade	Hourly Rate	Hours	Daily Cost	No. of Days	Total Cost
Custodian-1	_____	_____	_____	_____	_____	_____
Custodian-2	_____	_____	_____	_____	_____	_____
Custodian-3	_____	_____	_____	_____	_____	_____
Engineer	_____	_____	_____	_____	_____	_____
Repairman	_____	_____	_____	_____	_____	_____
Security	_____	_____	_____	_____	_____	_____
Food Service	_____	_____	_____	_____	_____	_____

**CONTINUOUS USERS**

Pro-Rated Rental Fee	Cost/Sq. Ft. Per Day	No. Sq. Ft.	No. Days	Total Cost
Schedule A	\$.024			
Schedule B	.007			

DCPS Signatures	RECOMMEND	APPROVE	DISAPPROVE	DATE
<b>PRINCIPAL</b> – Kimberly Martin <b>Assistant Principal</b> – Gregory Bargeman <b>Assistant Principal</b> – Richard Mitchell				
REALTY OFFICER				
SUPERINTENDENT/DEPUTY/ASSISTANT				

DCPS Signatures