



## 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

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**APPROVAL**  
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\_\_\_\_\_  
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."*

