



APPLICATION FOR BOOSTER CLUB, PTA, OR PTO 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; activities using volunteers or Independent Contractors complete page 1 only. Application must be submitted to the Community Use Section at least 15 business days before activity begins. A copy of the promotional flier must be submitted with all applications.

A financial statement (ADM-24A) and Excel spreadsheet are to be furnished to the Community Use Section (CUS), within four weeks of the close of each activity with FCPS paid employees.

1. Name of Booster Club, PTA, or PTO Mason Crest ES

2. Name of Activity Run Club

3. Activity Date(s) Oct 5-Nov 30 Number of Days 8 S M T W Thu. F Sat.
Please Check All Activity Days

4. Daily Activity Times 4:05-5:05 Number of Hours per Day 1

5. School to Be Used Mason Crest ES Location: (e.g., gym, cafeteria, classroom, fields) outside

6. Estimated Number of Students 15 Students Age or Grade K-6

7. Total Cost Per Participant \$ 84.00 Supply Fee Included Yes No If Yes, supply cost \$ 0.00

8. What Type of Instructor(s) Are You Using? (please check all that apply)
 FCPS Employee (receiving pay for this activity) FCPS Employee (volunteering for this activity)
 Independent Contractor Volunteer Parent Volunteer Instructor Who Needs to Become an Employee

9. Who is Responsible for Handling Registration and Payment? Booster, PTA, or PTO Independent Contractor

10. If Using an Independent Contractor (IC), Please Provide the Name of the Company. NOVA Kids in Motion

11. If Using an IC, IC Appears on the Approved Vendor List at <http://www.fcps.edu/fts/comuse/boosters.shtml>?
 Yes No
 If No, IC Must Contact CUS BEFORE Submitting ADM-24 For Approval.

12. If Not Using an IC, Please Provide the Boosters, PTA, or PTO Insurance Company Name and Coverage Limits.
E Sports Insurance 3 million
 Insurance Company Name Coverage Limits

This activity has been approved by the Booster Club, PTA, or PTO and will be under the Booster Club, PTA, or PTO direction. We have reviewed the current versions of Regulation 8424 and Notice 8424, agree to the requirement therein, and request your approval for this activity. Promotional material flier to activity is attached.

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

Phone Number _____ E-Mail _____ Date _____

Eleni Theodorakos _____
 Camp, Clinic, Class Director, or Independent Contractor (please print) Signature _____

(703) 927-8653 _____
 Phone Number E-Mail eleni@novakidsinmotion.com _____ Date 09/08/2016

APPROVED DISAPPROVED Comments: _____

Principal or Designee _____ Date _____

APPROVED DISAPPROVED Comments: _____

Community Use Section _____ Date _____