



## 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 school at least 15 business days before activity begins. The provider must enter a schedule into FSDirect 15 days before the activity begins. A copy of the promotional flier must be submitted with all applications.

Financial documents (ADM-24A and ADM-24B), are required to be submitted to the school's finance technician within four weeks of the close of each activity with FCPS paid employees.

---

1. Name of Booster Club, PTA, or PTO \_\_\_\_\_
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. Total Cost Per Participant \$ \_\_\_\_\_ Supply Fee Included  Yes  No If Yes, supply cost \$ \_\_\_\_\_
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. \_\_\_\_\_

**FSDIRECT Schedule ID # \_\_\_\_\_ (completed by school after matching ADM-24)**

---

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. The Principal must approve the flyer and the flyer can not state that FCPS is the provider of the program.

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

\_\_\_\_\_  
Phone Number E-Mail Date

\_\_\_\_\_  
Camp, Clinic, Class Director, or Independent Contractor (please print) Signature

\_\_\_\_\_  
Phone Number E-Mail Date

---

**APPROVED**  **DISAPPROVED**

**Comments:**

\_\_\_\_\_  
Principal or Designee Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEXT STEP- Independent Contractor/provider will immediately submit a request in FSDirect for Community Use for scheduling/processing using the format: PTA/xyzyz company/soccer as the event title example.**

**CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET  
FCPS Employees as per FCPS HR**

(Activity)	(Location)	(Inclusive Dates for Session)
		Session _____ of _____ Session(s)
Booster Club, PTA, or PTO		

**ESTIMATED INCOME**

Number of Campers		Fees Per Session		Total
_____	x	_____	=	\$ _____
_____	x	_____	=	_____
_____	x	_____	=	_____
Total Estimated Income				\$ _____

**PROJECTED EXPENSES**

Personnel (Counselors and Guest Lecturers listed on page 3)

Name	Title	Amount	Amount
		\$	Equipment (attach list) \$
			Supplies \$
			Turf Replacement Fund \$
			Printing \$
			Awards \$
			Postage \$
			Custodian (invoiced by CUS) \$
			Insurance \$
			Other \$

(please specify)

Counselors (from page 3)	\$ _____		
Lecturer(s) (from page 3)	\$ _____		
Total Personnel Expenses	\$ _____	Total Other Expenses	\$ _____
Total Expenses .....			\$ _____
Projected Net Income .....			\$ _____
Disposition of Net Income: _____			

**COPIES OF THE FINANCIAL DOCUMENTS (ADM-24A AND ADM-24B), ARE REQUIRED TO BE SUBMITTED TO THE SCHOOL FINANCE TECHNICIAN WITHIN FOUR WEEKS OF THE CLOSE OF EACH SESSION WITH FCPS-PAID EMPLOYEES.**

**PROJECTED COUNSELOR STAFF**

**(Counselors must be 16 years old or rising 11<sup>th</sup> graders)**

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

**PROJECTED GUEST LECTURER(S)**  
(may not be current FCPS employee)

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