



BALDWIN COUNTY SCHOOLS

110 North ABC St.
Milledgeville, GA 31061
(478) 457-3303

EXHIBIT A

FACILITIES USE FORM

Name of Organization: _____

Address: _____

Street Address

City

State

Zip Code

Billing Address (if different from above):

Street Address

City

State

Zip Code

Primary Contact (Event Coordinator): _____

Phone: _____ Cell Phone: _____ Email: _____

Type of Organization: (Check one) _____ School or district organization (*must be officially recognized*)

_____ Other off-campus organization

EVENT INFORMATION

Title of Event: _____

List all dates and times requested for the rental (*Include alternate dates if applicable*):

Description of the event:

Will admission or registration be charged, or a donation requested? _____ Yes _____ No

AUDIENCE INFORMATION

Anticipated Audience Size: _____

The event will be attended primarily by (*check one*):

_____ Baldwin County School students, parents, and staff _____ Off-campus audience

EQUIPMENT/SET-UP INFORMATION

Describe your set-up and equipment needs (tables, chairs, podium, projector & screen, microphones, speakers, etc.):

This form is used for requesting the usage of Baldwin County School facilities. Usage is only granted once the Facilities Calendar is checked, a \$500 reservation deposit is placed, proof of insurance is provided, and the required parties have signed all required applications and contracts. Additional rental and service fees are associated, and school-sponsored activities take priority over outside events. All Funeral Events/Special Services shall adhere to the [Facilities Use Rental Fee Guidelines](#).

Event Coordinator: _____

Signature

_____ Date

Return the completed form to the appropriate person listed below:

- Fine Arts facilities (theatre/auditorium) – Fine Arts Director, Baldwin High School
- Athletics facilities – Athletic Director, Baldwin High School
- All Other Requests – Principal and School Secretary

FOR OFFICE USE ONLY:

Total Security needed: _____ **Total Custodians needed:** _____

Date Received: _____

Date Cleared with Facility Calendar: _____

Principal Approval:

Signature

Date

For Fine Arts Facilities Approval ONLY:

Signature

Date

For Athletics Facilities Approval ONLY:

Signature

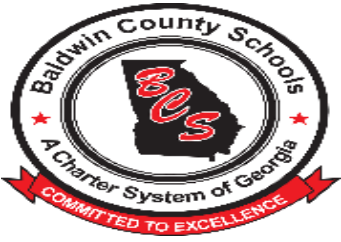
Date

Custodian Supervisor Approval: _____

Date _____

Superintendent Approval: _____

Date _____



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FORM COMPLETED BY:
 BCS Rep: _____
 Lessee: _____
 Date: _____
CONTINUE EXHIBIT A

FACILITIES USE PRE-EVENT ESTIMATE

Title of Event: _____

List all dates and times anticipated for the rental:

RENTAL FEES (per day) - <i>Select all that apply</i>						
	ELEMENTARY SCHOOLS	MIDDLE SCHOOL	HIGH SCHOOL		ATHLETIC FACILITIES	
THEATER	n/a	500.00	Little Theatre	350.00	Stadium with lights	1,500.00
			Fine Arts Center	800.00	Stadium without lights	1000.00
GYM	500.00	650.00	650.00		All other athletics fields	80.00
CAFETERIA	300.00	500.00	500.00			
CLASSROOM	150.00	150.00	150.00			

SERVICE and OTHER FEES – <i>Select all that apply</i>			
Building Administrator	40.00/hour	Fine Arts Center Rehearsal Fees	100.00 per day up to 4 hours Each additional hour – 25.00
Security	55.00/hour	Fine Arts Center – Grand Piano (without tuning)	80.00
Custodial	35.00/hour	Lighting Technician	35.00/hour
Cafeteria Designee	25.00/hour	Sound Technician	35.00/hour
Other Set-Up fees are to be determined by event requirement			