

FACILITIES USE FORM

Name of Organization:		
Address:		
Address:	Street Address	
City	State	Zip Code
Billing Address (if different from above):	
Street Address		
	State	Zip Code
Primary Contact (Event Coordinator): _		
Phone: Cell Pho	one: Emai	l:
Type of Organization: (Check one)	School or district organization	on (must be officially recognized)
-	Other off-campus organizati	on
EVENT INFORMATION		
Title of Event:		
List all dates and times requested for the	e rental (Include alternate dates if applica	ble):
Description of the event:		
Will admission or registration be charge	d or a donation requested?	Yes No

AUDIENCE INFORMATION Anticipated Audience Size: 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 usage of Baldwin County School facilities. Usage is not granted until the Facilities Calendar is checked, a \$200 reservation deposit is placed, proof of insurance is provided, and all required applications and contracts have been signed by the required parties. There are additional rental and service fees associated, and school-sponsored activities take priority over outside events. Event Coordinator: Signature Date Return completed form to the appropriate person listed below: Fine Arts facilities (theatre/auditorium) - Anna Brock, Fine Arts Director, Baldwin High School Athletics facilities - Dr. Henry Hankerson, Athletic Director, Baldwin High School All Other Requests – Principal and School Secretary FOR OFFICE USE ONLY: Date Cleared with Facility Calendar: Date Received: Principal Approval: Signature Date For Fine Arts Facilities Approval ONLY: Signature Date

Date

Date

For Athletics Facilities Approval ONLY:

Signature

Superintendent Approval: _____

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

List all dates and times anticipated for the rental:

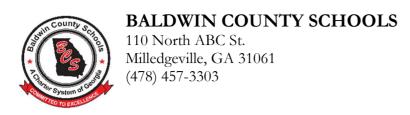
Title of Event:

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

FACILITIES USE PRE-EVENT ESTIMATE

RENTAL FEES	S (per day) - Select alı	that a	ילאליו					
KEI VIIIE I EE	ELEME	LEMENTARY MIT		MIDDLE HIGH SCHOOL SCHOOL		ATHLETIC FACILITIES			
THEATER			500.00		Little Thea	ıtre	350.00	Stadium with lights	1,000.00
THEATER	11/	n/a 50		00.00	Fine Art Center		800.00	Stadium	850.00
GYM	500	00.0	65	50.00	65	0.00		without lights	
CAFETERIA	300	.00	35	50.00	35	0.00		All other	(00.00
CLASSROOM	150	.00	15	50.00	15	0.00		athletics fields	600.00
					<u>.</u>				<u>.</u>
SERVICE and C	OTHER I	FEES – Se	lect all	that a	pply				
				Fine Arts Center		er	100.00 per day up to 4 hours		
Building Admir	nistrator	35.00/hour			Rehearsal Fees		Each additional hour – 25.00		
2 .		25 00 /1	35.00/hour G i		Fine Arts Center –		80.00		
Security	7	35.00/h			Grand Piano (without tuning)				
Custodial 25.00/ho		our		Lighting Technician		35.00/hour			
		25.00/h			Sound Technician		35.00/hour		
				e dete	etermined by event requirement		33.007 11041		
				ТО	TAL ESTIMAT	ED I	RENTAL	-	
					TOTAL	EST	MATED	FEES	
					AMOUNT		DUE	RECEIVED	DATE
DEPOSIT			200.00						
CERTIFICA	TE OF IN	ISURAN	CE						
80% OF ESTIMATED TOTAL				1	0 working days before event				
The Post-Event Inve	oice with the	final amoun	t due n	vill be .	shared within a week	s of the	e end of the re	ental.	

Approved by Lessee: ______Date: _____



Date of Invoice:
Payment Due:
CONTINUE EXHIBIT A

FACILITIES USE POST-EVENT INVOICE

THOILITES CO.			_
Title of Event:			
ist all dates and times in which the facility was in	ı use:		
RENTAL FEES			
Facility	Cost Per Day	No. of Days	Total
	TOTAL RI	ENTAL FEES	
SERVICE and OTHER FEES			
OLIVIOL and OTHER LEG	Cost Per Hour	No. of	Total
		Hours	
Building Administrator			
Security			
Custodial			
Cafeteria Designee			
Lighting Technician			
Sound Technician			
Fine Arts Center Rehearsal Fees			
Fine Arts Center – Grand Piano			
Other Set-Up Fee as required by event			
TOTA	AL SERVICE and C	OTHER FEES	
	,	TOTAL FEES	
		Minus Deposit	- \$200.00
	Total	Minus Deposit	
		TOTAL DUE	