



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: _____

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 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

Superintendent Approval: _____

Date



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FORM COMPLETED BY: BCS Rep: _____ Lessee: _____ Date: _____ CONTINUE EXHIBIT A
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FACILITIES USE PRE-EVENT ESTIMATE

Title of Event: _____

List all dates and times anticipated for the rental:

RENTAL FEES (per day) - Select all that apply						
	ELEMENTARY SCHOOLS	MIDDLE SCHOOL	HIGH SCHOOL		ATHLETIC FACILITIES	
THEATER	n/a	500.00	Little Theatre	350.00	Stadium with lights	1,000.00
			Fine Arts Center	800.00		
GYM	500.00	650.00	650.00		Stadium without lights	850.00
CAFETERIA	300.00	350.00	350.00		All other athletics fields	600.00
CLASSROOM	150.00	150.00	150.00			

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

TOTAL ESTIMATED RENTAL FEES _____

TOTAL ESTIMATED SERVICE/OTHER FEES _____

TOTAL ESTIMATED FEES _____

	AMOUNT	DUE	RECEIVED	DATE
DEPOSIT	200.00			
CERTIFICATE OF INSURANCE				
80% OF ESTIMATED TOTAL		10 working days before event		

The Post-Event Invoice with the final amount due will be shared within a week of the end of the rental.

Approved by Lessee: _____ Date: _____



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Date of Invoice: _____
 Payment Due: _____
CONTINUE EXHIBIT A

FACILITIES USE POST-EVENT INVOICE

Title of Event: _____

List all dates and times in which the facility was in use:

RENTAL FEES			
Facility	Cost Per Day	No. of Days	Total
TOTAL RENTAL FEES			

SERVICE and OTHER FEES			
	Cost Per Hour	No. of Hours	Total
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			

TOTAL SERVICE and OTHER FEES _____

TOTAL FEES _____

Minus Deposit _____ - \$200.00

Total Minus Deposit _____

TOTAL DUE _____