

# Heard County School System Facilities Reservation

Date of Request: \_\_\_\_\_ Facility Requested: \_\_\_\_\_

Dates of Use Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

\_\_\_\_\_

Benefit of the program for HC or HC programs, clubs, organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Base Fee: \_\_\_\_\_ Extra Hours: \_\_\_\_\_

Lights to be used: \_\_\_\_\_ Cleaning Fee: \_\_\_\_\_

Total Cost (Due prior to event): \_\_\_\_\_

Athletic Director checklist:

\_\_\_\_\_ Event requested is clear of any and all school related activities.

\_\_\_\_\_ Event will have a host or school employee if required in attendance.

Employee to meet group, let in, monitor, lock up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

Principal / Principal Designee Signature: \_\_\_\_\_