

Laurens County Board of Education Facility Request Form

All Charges must be paid in full five (5) days prior to use of facility

Organization:			
Contact Name:			
Telephone #:		Cell Phone #:	
Mailing Address:			

Type of Event:			
Date(s)		to	
Usage Hours:		to	

Facility Location Requested (Check below)

<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Old West Laurens High</td></tr> <tr><td><input type="checkbox"/></td><td>Southwest Laurens Elementary</td></tr> <tr><td><input type="checkbox"/></td><td>Northwest Laurens Elementary</td></tr> <tr><td><input type="checkbox"/></td><td>West Laurens Middle</td></tr> <tr><td><input type="checkbox"/></td><td>West Laurens High</td></tr> </table>	<input type="checkbox"/>	Old West Laurens High	<input type="checkbox"/>	Southwest Laurens Elementary	<input type="checkbox"/>	Northwest Laurens Elementary	<input type="checkbox"/>	West Laurens Middle	<input type="checkbox"/>	West Laurens High	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>East Laurens Primary</td></tr> <tr><td><input type="checkbox"/></td><td>East Laurens Elementary</td></tr> <tr><td><input type="checkbox"/></td><td>East Laurens Middle</td></tr> <tr><td><input type="checkbox"/></td><td>East Laurens High</td></tr> </table>	<input type="checkbox"/>	East Laurens Primary	<input type="checkbox"/>	East Laurens Elementary	<input type="checkbox"/>	East Laurens Middle	<input type="checkbox"/>	East Laurens High
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Facility	Cost	Amt Due
Cafeteria	\$150.00	
Kitchen	\$150.00	

Gymnasium	Cost	Amt Due
Elementary School	\$100.00	
Middle School	\$200.00	
High School	\$300.00	

Deposit to Secure Facility:	\$75.00
Remaining Balance:	

Total Amount Due:	
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To use the kitchen, Laurens County School Nutrition Personnel must be present for the duration of your event. The employee will be paid \$15.00 per hour. **The cost will be in addition to rental charge** and must be paid by check directly to the individual the day their services are render.

ALL PAYMENTS MUST BE MADE IN THE FORM OF CHECK, MONEY ORDER OR CASHIER'S CHECK FIVE(5) DAYS PRIOR TO YOUR PLANNED EVENT.

When the facility has been inspected and the key returned, the \$75.00 will be mailed to you within 10 days.

Signature of Responsible Person: _____

Central Office Use ONLY

Facility Inspection: (date) Pass Failed

Deposit Fee Returned: (date) Check #:

REFUND APPROVED BY: