

Social Circle City Schools
Request for Use of School Facilities

KG-E

Please read Policy KG and Regulation KG-R.

Group or Organization Seeking Use of Facilities

Name of Group/Organization _____

Name of Contact Person _____

Address of Contact Person _____

Phone Number of Contact (Home) _____ (Work) _____

Name of Facility Seeking to Use _____

Check all that Apply:

	Middle	High
Gym/P. E./ Activity Facility	()	()
NOTE: request must be approved by Athletic Director		

Cafeteria (Dining Area Only)	n/a	()
Kitchen and Cafeteria	n/a	()
NOTE: request must be approved by School Food Service Director		

Purpose of Use _____

Approximate number of people to use facility _____

Date of Use _____ Time: From _____ to _____
(Specify am or pm)

TO BE COMPLETED BY SCHOOL OR SYSTEM OFFICIAL

Charges*	Rental of Facility (Due in advance) (Payable to Social Circle Board of Education)	\$ _____
	Custodian (s) Number Needed _____ (Read Requirements)	\$ _____
	SFS Employees Number Needed _____ (Read Requirements)	\$ _____

* Compensation for custodian and SFS employees will be paid directly to the individuals upon conclusion of the event.

