

Fannin County Board of Education

Facility Use Request

NAME: _____

NAME OF GROUP OR ORGANIZATION: _____

FACILITY REQUESTED: _____

NAME OF SCHOOL(S)

DATE(S) REQUESTED: _____

TIME REQUESTED: (FROM) _____ AM-PM (TO) _____ AM-PM
(TIME) (CIRCLE) (TIME) (CIRCLE)

DESCRIBE ACTIVITY: _____

APPROXIMATE NUMBER OF PEOPLE TO USE FACILITY: _____

NAME AND ADDRESS OF PERSON TO CONTACT REGARDING THIS REQUEST:

NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____ Email: _____

I UNDERSTAND THAT THERE IS A DEPOSIT OF \$50.00 TO BE HELD UNTIL THE KEY IS RETURNED AND ALL CLEANING UP IS COMPLETED. WE WILL ALSO BE RESPONSIBLE FOR ANY DAMAGE INCURRED DURING OUR ALLOTTED TIME.

REQUEST FOR CUSTODIAN TO CLEAN BUILDING: YES ___ NO ___ **CHARGE: \$100.00 PER CUSTODIAN.**

REQUEST FOR USING THE KITCHEN: YES ___ NO ___ IF YES, THERE IS A REQUIREMENT FOR A FOOD SERVICES EMPLOYEE TO BE ONSITE. THE COST TO YOU IS A MINIMUM CHARGE OF \$75.00 UP TO FIVE HOURS; EACH ADDITIONAL HOUR IS \$18.00. IF YOU WISH TO HIRE ADDITIONAL FOOD SERVICE PERSONNEL, CONTACT THE SCHOOL NUTRITION MANAGER. **PAYMENT IS EXPECTED WITHIN 72 HOURS OF THE EVENT.**

For Office Use:

Amount of Deposit Paid: \$ _____ Method _____ Date _____ Signature _____

HOLD HARMLESS AGREEMENT: THE UNDERSIGNED, ON BEHALF OF THE NAMED ENTITY, AND IN CONSIDERATION OF THE PERMIT TO USE THE PREMISES, BUILDINGS, FACILITIES OR EQUIPMENT OF THE FANNIN COUNTY BOARD OF EDUCATION, DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE FANNIN COUNTY SCHOOL DISTRICT, THE FANNIN COUNTY BOARD OF EDUCATION, AND ANY OF ITS AGENTS OR EMPLOYEES FROM ANY AND ALL LOSS OR DAMAGE THAT MAY ARISE DURING OR BE CAUSED IN ANY WAY BY THE USE OF THE FACILITY. THE UNDERSIGNED SPECIFICALLY AGREES TO INDEMNIFY THE FANNIN COUNTY SCHOOL DISTRICT FOR ANY DAMAGES DONE TO THE BUILDING OR ANY OTHER PROPERTY OR EQUIPMENT OWNED BY THE BOARD OF EDUCATION AS WELL AS ANY CLAIM OF DAMAGES MADE BY ANYONE ELSE ARISING OUT OF THE USE OF THE FACILITY.

I HEREBY STATE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND THAT IF APPROVED, I WILL ABIDE BY THE RULES AND REGULATIONS FOR THE USE OF PUBLIC SCHOOL BUILDINGS AS SET BY THE FANNIN COUNTY BOARD OF EDUCATION.

THE **FACILITY USE ENERGY OVERRIDE REQUEST FORM** FOUND ON THE BACK OF THIS FORM FOR EVENTS SCHEDULED AT THE FOLLOWING: BLUE RIDGE – EAST FANNIN – WEST FANNIN ELEMENTARY GYMNASIUMS, FANNIN COUNTY MIDDLE SCHOOL, FANNIN COUNTY HIGH SCHOOL, FANNIN COUNTY HIGH SCHOOL NEW GYMNASIUM, OR FANNIN COUNTY HIGH SCHOOL PERFORMING ARTS CENTER. **IF NOT COMPLETED THE EVENT MAY NOT HAVE AIR, HEAT, OR LIGHTS!**

SIGNATURE OF PERSON MAKING THIS REQUEST DATE SIGNED

(IF KITCHEN/CAFETERIA IS BEING USED) _____ APPROVED: ___ YES ___ NO

SIGNATURE OF NUTRITION MANAGER DATE SIGNED

SIGNATURE OF PRINCIPAL APPROVED: ___ YES ___ NO
DATE SIGNED _____

SGT/ACTION OF BOARD OF EDUCATION APPROVED: ___ YES ___ NO

DATE: _____

REVISED 07-25-16

Back of form must be completed



Fannin County School System Energy Management

Danny Shinpaugh 706-632-4049

FACILITY USE ENERGY OVERRIDE REQUEST

Our Energy Management System is designed for comfort and convenience, while saving thousands of dollars for our school system. Use this form to contact the Energy Management System (EMS) representative to ensure heat/air/water heater needs for your scheduled event. **To activate hot water heaters, be sure to indicate if kitchens are being used for cooking.**

Instructions for submitting this request – (This form must be submitted 72 hours prior to your event.) Expect a confirmation. If you do not receive a confirmation within 72 hours of your event, contact one of the EMS representatives directly.

Circle

Circle the Facility Where the Event Will Take Place:

Blue Ridge Elementary	East Fannin Elementary	West Fannin Elementary	Fannin County Middle School	Fannin County High School
PE Facility	PE Facility	PE Facility	Gymnasium	Old Gymnasium
Cafeteria and/or Kitchen	Cafeteria and/or Kitchen	Cafeteria and/or Kitchen	Cafeteria and/or Kitchen	New Gymnasium
Playground Area	Playground Area	Playground Area/Football Field	Football Field	Cafeteria and/or Kitchen
Media Center	Media Center	Media Center	Parking Lot	Vocational Building
Parking Lot	Parking Lot	Parking Lot		Performing Arts Center
	Upper/Lower Ball Field			New Field House Conference Room
				Football Stadium, Concession Stand, and/or Press Box
				Baseball Field

Name of Event: _____

Area(s)/Room Number(s): _____

Contact Person: _____

Contact Email: _____

Contact Phone Numbers: _____

Contact Address: _____

Request Facility Use Energy Override date(s)/time(s) here:

Date of Event: _____

Starting Time: _____ **Ending Time:** _____

Date of Event: _____

Starting Time: _____ **Ending Time:** _____

Signature _____ **Date** _____

For Office Use:	Action Taken <input type="checkbox"/> Programming Initiated <input type="checkbox"/> Confirmation Sent
Date of Action _____	