

**Descriptor Code: KG-E**

**FISCAL MANAGEMENT  
REVENUES: FEES, PAYMENTS, RENTALS**

**Adopted: 2/26/96, Revised 6/13/07, 5/08,  
3/8/11, 11/2/17**

Submit Form to: [Retonda.Grace@hcbe.net](mailto:Retonda.Grace@hcbe.net) or Fax: (478) 988-6205 or Mail: PO Box 1850, Perry, GA 31069

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**BUILDING/FACILITY RENTAL APPLICATION  
HOUSTON COUNTY BOARD OF EDUCATION**

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NAME OF PERSON/GROUP RENTING: \_\_\_\_\_

FACILITY REQUESTS: \_\_\_\_\_

RENTAL DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ to \_\_\_\_\_

PURPOSE OF RENTAL: \_\_\_\_\_

WILL THERE BE A CHARGE FOR THIS EVENT? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

WHAT WILL THIS MONEY BE USED FOR? \_\_\_\_\_

**AVAILABLE FACILITIES AND RENTAL FEES:**

AUDITORIUM -\$500.00 PER OPENING - \$500.00 DEPOSIT

CAFETERIA - \$250.00 PER OPENING - \$250.00 DEPOSIT

CLASSROOM - \$100.00 PER OPENING - \$100.00 DEPOSIT

MIDDLE SCHOOL STADIUM- \$500.00- \$500.00 DEPOSIT

OTHER \_\_\_\_\_ FEE DETERMINED UPON REQUEST

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The undersigned, on behalf of the named entity, and in consideration of the permit to use the premises, buildings, facilities or equipment of the Houston County Board of Education, does hereby agree to indemnify and hold harmless the Houston County School District, the Houston 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 Houston 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.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITIES DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Approved – see comments      Disapproved – see comments

COMMENTS: \_\_\_\_\_

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