Please read	Policy KG and Regula	tion K	G-R.					
Group or O	rganization Seeking Us	se of Fa	acilities					
Name of Gr	oup/Organization							
Name of Co	ontact Person							
Address of (	Contact Person							
Phone Number of Contract (Home)					_(Work)			
Name of Fa	cility Seeking to Use _							
Check all th	at Apply:							
	Prin	nary	Eleme	ntary	Middle	Hig	gh	
•	Activity Facility (nest must by approved				( )	(	)	
	Pining Area Only) ( Cafeteria ( lest must be approved				n/a n/a etor	(	)	
Purpose of U	Use							
Approximat	e number of people to	use fac	cility					
Date of Use			Time: Fr	omto (Specify am or pm)				
TO BE COM	MPLETED BY SCHO	OL OR	SYSTEM	I OFFICIAL	1			
Charges*	Rental of Facility (Due in advance) (Payable to Social Circle Board of Education)				\$			
	Custodian (s)	Number Needed		\$				
	SFS Employees	(Read Requirements) Number Needed (Read Requirements)		\$				

<sup>\*</sup> Compensation for custodian and SFS employees will be paid directly to the individuals upon conclusion of the event.

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Additional agreement wit equipment:	h principal or school official concernin	g the use of school/system
AUTHORIZATION		
school/system facilities a Policy Manual and in R	abide by all Board of Education polic at set forth in Policy KG of the Social egulations KG-R. Further, I (We) ag hool property during its use by us, sa	Circle Board of Education gree that in the event of
	ard fee and without harm from any lo during or be caused in any way by, su	•
	Signed - Contact Person	Date Date
	Name of Organization	
SCHOOL OFFICIALS		
Recommendation	Signed- School Principal	Date
(if gym is requested)	Signed-Athletic Director	Date
(if kitchen/cafeteria requested)	Signed- SFS Director	Date
Approval		