Fannin County High School Performing Arts Center

PAC Coordinator

SCHOOL ORGANIZATIONS MULTIPLE RESERVATIONS

Name of School Organization Hosting Event	: School Personnel	Contact Person (s):
Cell Phone:	Home Phone:	
NOTE: Energy Management System will co	ontrol heat and air according to time schedule listed b	elow.

Event Name:	Describe Event Or Activity:	
Date Needed:	Time (begin/end):	AHA
Performance Information / If Applicable:	SHOWTIME: Ticket F	Price: \$
Check the areas needed: Lobby Audi	itorium Stage Back Stage Dressing Ro	oms Bandroom Chorus Suite Canteen

Event Name:	Describe Event Or Activity:	
Date Needed:	Time (begin/end):	1/6
Performance Information / If Applicable:	SHOWTIME: Ticket F	Price: \$
Check the areas needed: Lobby Audi	itorium Stage Back Stage Dressing Ro	oms Bandroom Chorus Suite Canteen
Event Name:	Describ <mark>e</mark> Event Or Activity:	
Date Needed:	Time (begin/end):	7
Performance Information / If Applicable:	SHOWTIME: Ticket F	Price: \$
Check the areas needed: Lobby Audi	itorium	oms Bandroom Chorus Suite Canteen
	***********	-
Education, does hereby agree to indemnify and how employees from any and all loss or damage that me indemnify the Fannin County School District for an claim of damages made by anyone else arising out approved, I will abide by the rules and regulations group/organization requesting use of the performing	nd in consideration of the permit to use the premises, buildin ld harmless the Fannin County School District, the Fannin ay arise during or be caused in any way by the use the of the ny damages done to the building or any other property or est of the use of the facility. I hereby state that the information is for the use of public school buildings as set by the Fannin and arts center and I, individually, am responsible for the feetate that the information in this application is true and accurate that the Fannin County Board of Education.	County Board of Education, and any of its agents or e facility. The undersigned specifically agrees to quipment owned by the Board of Education as well as any in this application is true and accurate and that if County Board of Education. I understand that both the s charged and supervision of the event and for any and all
I Electronically Agree To The Responsibilities	es Stated Above.	
Name Date	School Email Address	
Submit to the Performing Arts Center Coordi	inator:	Chromebooks: Save to desktop and email to: FCHS PAC COORDINATOR
For Office Use: Date Request Approv	ved PAC Coordina	tor