## **Fannin County Board of Education**

## **Facility Use Request**

NAME:				
NAME OF GROUP OR ORGANIZATION:				
FACILITY REQUESTED:				
DATE(S) REQUESTED:	NAME OF SCHO	OOL(S)		
TIME REQUESTED: (FROM)  (TIME)  DESCRIBE ACTIVITY:	AM-PM (CIRCLE)	(TO)	(TIME)	AM-PM (CIRCLE)
DESCRIBE ACTIVITY.				
APPROXIMATE NUMBER OF PEOPLE TO				
NAME AND ADDRESS OF PERSON TO COL NAME:			_	
MAILING ADDRESS:		E	mail:	
I understand that there is a deposit of \$50.00 to be held responsible for any damage incurred during our allotted		ned and all clean	ning up is complete	ed. We will also b
Request for custodian to clean building: yes no	charge: <u>\$100.00</u> p	er custodian.		
Request for using the kitchen: yes no if yes, the you is a minimum charge of \$75.00 up to five hours; each accontact the school nutrition manager. Payment is expect.	dditional hour is \$18.00.	If you wish to		
For Office Use: Amount of Deposit Paid: \$Method	Date	Signature		
The Facility Use Energy Override Request form FOUND of East Fannin – West Fannin Elementary Gymnasiums, Fannin School New Gymnasium, or Fannin County High School Pelights!	in County Middle School	l, Fannin County	High School, Fanni	n County High
Hold Harmless Agreement: The undersigned, on premises, buildings, facilities or equipment of the Fanni harmless the Fannin County School District, the Fannin Call loss or damage that may arise during or be caused indemnify the Fannin County School District for any dar Board of Education as well as any claim of damages made	nin County Board of Educa County Board of Educa in any way by use of mages done to the build	Education, does tion, and any of the facility. The ling or any other	hereby agree to in its agents or employ he undersigned sport r property or equip	ndemnify and holoyees from any an ecifically agrees t
<b>Tenant Liability Insurance:</b> Any group or organization engaged in a recreational, phy minimum of \$1 million in liability insurance coverage apfacility use agreement.				
I hereby state that the information in this application regulations for the use of public school buildings as set b				e by the rules an
SIGNATURE OF PERSON MAKING THIS REQUEST	DATE SI	GNED		
(IF KITCHEN/CAFETERIA IS BEING USED)			PPROVED:	YESNO
SIGNATURE O	F NUTRITION MAN	AGER DATE	E SIGNED	
SIGNATURE OF PRINCIPAL	APPROVED: _ DATE SIGNED		YES	NO
SGT/ACTION OF BOARD OF EDUCATION DATE:	APPROVED  REVISED 09-12		YES  k of form must be c	NO NO

## Fannin County School System Energy Management Darren Danner 706-946-2010

## 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 – (<u>This form must be submitted 72 hours prior to your event.</u>) Expect a confirmation. If you do not receive a confirmation within 72 hours of your event, contact one of the EMS representatives directly.

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			New Field House
	Ball Field			Conference Room

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Name of Event:		
Area(s)/Room Number(s):		
Contact Person:		
Contact Email:		
Contact Phone Numbers:		
Contact Address:		
☐ Request Facility Use Energy Override of	late(s)/time(s) here:	
Date of Event:		
Starting Time:	Ending Time:	
Date of Event:		
Starting Time:	Ending Time:	
	ture Date	
AED Location Acknowledgment: Date:	Requester Initial:	Principal Initial:
For Office Use:		
Date of Action	Action Taken Programming Initia	ated Confirmation Sent