



Bonnie Garrett, Facility Use Coordinator
Facility Use Office, c/o Austell Intermediate School
5243 Meadows Road, Powder Springs, GA 30127
Phone: 678-398-5102
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SCHOOL USERS REQUEST FOR FACILITY USE

SCHOOL REQUESTING USE:

SCHOOL: _____

RESPONSIBLE PARTY: _____ ADDRESS: _____

PHONES: Work _____ Home _____ Cell _____ Fax _____

E-MAIL ADDRESS: _____ SCHOOL REQUESTED: _____

DATES REQUESTED:

TIMES REQUESTED:

TYPE OF ACTIVITY:

NUMBER OF PARTICIPANTS: _____

AREAS REQUESTED:

SPECIAL REQUEST BY GROUP:

SCHOOL SUBJECT TO REQUEST FILLS IN THE INFORMATION BELOW

Facility Use Approved? Yes _____ No _____

If not approved, please state reason: _____

Is Paid Supervision Required? Yes _____ No _____

If yes, Number of Supervision Hours Needed: _____

If Yes, Supervisor's Name: _____

Is Paid Clean-up Required? Yes _____ No _____

***If yes, Set-up/Clean-up Hours Needed: _____

If Yes, Name of Person Responsible for Clean-up: _____
(If different from Supervisor)

*** (If set up or cleanup is required, please indicate the number of hours needed for this purpose. These hours would be in addition to the number of hours of supervision that would be required.)

NOTE: WORKERS MUST SUBMIT A FACILITY USE TIME SHEET (FS-414) TO THE FACILITY USE OFFICE FOR PAYROLL PURPOSES.

Signature of Principal of School Subject to Request

Date

Please Fax to: (678) 398-5103

FACILITY USE ONLY

Supervision Fee Calculation: _____

Clean-up Fee Calculation: _____

TOTAL FEES DUE: _____

Facility Use Coordinator Signature (to be signed upon completion)

Date

11/11/09