

**TROUP COUNTY BOARD OF EDUCATION
REQUEST TO USE SCHOOL BUILDING**

Name _____

Name of Group _____

Building Requested _____

Date (s) _____ Beginning Time _____ Ending Time _____

Describe Activity _____

Approximate Number of People to Use Building _____

Name and Address of Person to Contact Regarding the Disposition of the Request:

Name _____ Phone Number _____

Address _____

FEES for Use of Building- Paid in Advance (NON-Returnable)

I certify that I accept the responsibility of the replacement of all lost and damaged school equipment and property entrusted to our use during the occupation of the building.

Signature of Requesting Party Date

I hereby state that the information in the application is true and accurate and that, if approved, I will abide by the rules and regulations for the use of public school building as set down by the Troup County Board of Education.

Signature of Requesting Party Signature of Requesting Party Date

Signature of Building Principal Date

Signature of Superintendent Date

ISSUED: July 1, 2001

TROUP COUNTY BOARD OF EDUCATION