

# Griffin-Spalding County School System

## School Use Reservation Form

School: \_\_\_\_\_

Program/Dept. \_\_\_\_\_

**List all Dates Requested and the Exact Times needed each day:**

1<sup>st</sup> Date: \_\_\_\_\_ Times Needed: \_\_\_\_\_

2<sup>nd</sup> Date: \_\_\_\_\_ Times Needed: \_\_\_\_\_

3<sup>rd</sup> Date: \_\_\_\_\_ Times Needed: \_\_\_\_\_

4<sup>th</sup> Date: \_\_\_\_\_ Times Needed: \_\_\_\_\_

**Describe in a sentence the activity involved for each date requested:**

1<sup>st</sup> Date: \_\_\_\_\_

2<sup>nd</sup> Date: \_\_\_\_\_

3<sup>rd</sup> Date: \_\_\_\_\_

4<sup>th</sup> Date: \_\_\_\_\_

Will you charge admission to any event? \_\_\_\_\_ Which date(s)? \_\_\_\_\_

Do you wish to use the Concession Stand? \_\_\_\_\_ Which date(s)? \_\_\_\_\_

Do you acknowledge an understanding of the policies and procedures for the Griffin Spalding School System and agree to abide by them and any other directives provided? \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_