

Griffin-Spalding County School System Griffin Auditorium

School Use Reservation Form

School: _____ Program/Dept.: _____

List All Dates Requested and the Exact Times needed each Day:

1st Date: _____ Time: _____ 2nd Date: _____ Time: _____

3rd Date: _____ Time: _____ 4th Date: _____ Time: _____

5th Date: _____ Time: _____ 6th Date: _____ Time: _____

7th Date: _____ Time: _____ 8th Date: _____ Time: _____

9th Date: _____ Time: _____ 10th Date: _____ Time: _____

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

1st Date: _____

2nd Date: _____

3rd Date: _____

4th Date: _____

5th Date: _____

6th Date: _____

7th Date: _____

8th Date: _____

9th Date: _____

10th 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 use of the Auditorium and agree to abide by them and any other directives provided? _____

Principal's Signature: _____ Teacher's Signature: _____