

**Fayette County School District**

**Facilities Rental Agreement Pre-Approval Form 2025-2026**

**Name of Group**

**Or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact(s) |  | | | | |
|  |  | | | | |
| **Address** |  | | | | |
| **City/State/Zip** |  | | | | |
| **E-Mail** |  | | | | |
| Phone Number | | |  | Additional Number | |  | |
| **School Requested** | | |  | Area Requested | |  | |
| **Purpose of Event** | | |  | | Approx. # of People |  | |
| **Dates Requested** | | |  | **Arrival Time** | | **Ending Time** | |
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| **Dates Requested** | | |  | **Arrival Time** | | **Ending Time** | |

**Is facility available on date/time requested? Custodian available?**

**Personnel required: Custodian Equipment required (specify):**

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**Kitchen Worker**

**Auditorium Tech**

**Other (specify)**

Note: You may connect to fcboe\_guest Wi-Fi however this is a publicly funded school internet network and no changes or site unblocking will be done to accommodate access. Please do not ask.

Insurance Requirements: To rent any Fayette County Public Schools facility, you must provide a current Certificate of Insurance with minimum limits of $1,000,000 for general liability per occurrence and a $5,000 medical payment endorsement. Fayette County Public Schools must be listed as the “additional insured” on the certificate. The address is: 205 LaFayette Avenue, Fayetteville, GA 30214.

**The Principal’s signature on this form does not constitute approval for use of the space. You will receive a contract. At that time, a deposit of 50% of the rental fee is required with the remainder of the fee due prior to your event.**

**I have reviewed the School Facilities Rental Agreement Pre-Approval Form and the dates/times requested are available.**

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| --- | --- |
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| **Signature of School Principal** | **Date** |