



**Sherrie Sanders, Facility Use Coordinator**  
Facility Use Office, c/o Hendricks Elementary School  
5243 Meadows Road, Powder Springs, GA 30127  
Phone: 678-398-5102  
Fax: 678-398-5103

**For Lassiter Concert Hall**  
**Roger Christian**  
2601 Shallowford Road, Marietta, GA 30066  
Phone: 770-514-2515  
Fax: 678-494-4255  
roger.christian@cobbk12.org

## **COMMUNITY USERS APPLICATION FOR FACILITY USE**

**DIRECTIONS:** 1. Fill out ONE form for EACH school requested. (Copy as needed.)  
2. **Fax**, mail or email to address above.

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

Name of Organization: \_\_\_\_\_

Is this a non-profit organization? \_\_\_\_\_ Is this organization covered by liability insurance? \_\_\_\_\_

Responsible Organization Representative's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phones: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Area(s) Requested: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Check All That Apply: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_

Times requested for: Mon.-Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Number of participants per school requested: \_\_\_\_\_ Total size of organization: \_\_\_\_\_

Of the total number of members, how many are currently enrolled in or will enroll in the school that you are requesting? \_\_\_\_\_

Detailed Description of Activities (attach additional documentation if necessary):

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Please check if requested. (Approval is necessary and additional fees will apply):

- \_\_\_\_\_ Use of Sound/Lighting/Electronic Equipment
- \_\_\_\_\_ Security Officer
- \_\_\_\_\_ Field Lights
- \_\_\_\_\_ Kitchen Equipment
- \_\_\_\_\_ Custodial Services
- \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Detailed Description of Special Services Needed (attach additional documentation if necessary):

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I (Please Print) \_\_\_\_\_ certify that I am an officer in the above named non-profit group/organization and that I am authorized to execute this agreement to use the above-mentioned facility. I further certify that I hereby bind our group/organization to abide by all the policies and rules of the Cobb County School District's Administrative Rule KG-R (Use of School Facilities), and the District's Fee Schedule, both of which are hereby incorporated into this Request and Agreement as additional terms. I have reviewed a copy of Rule KG-R, which can be found at [www.cobbk12.org](http://www.cobbk12.org) or through the Facilities Use Office.

I understand that school and District use of facilities will take priority. I understand that the opportunity to use school facilities are non-transferable and may not be assigned. All payments must be submitted to the Cobb County School District's Financial Services Division. **CHANGES TO THE CONTRACT MUST BE SUBMITTED IN WRITING TO THE FACILITY USE OFFICE FIVE (5) SCHOOL DAYS IN ADVANCE OR ALL CHARGES WILL APPLY.** Any changes must occur after written approval from the Facilities Use Office.

I understand that our group/organization will work through the District's Facility Use Office ONLY for facilities use approval, scheduling and modifications. This agreement will be become effective upon approval by the Facility Use Office and receipt of applicable payments (if any).

The groups/organizations listed within hereby release the Cobb County School District and its employees from any and all damages to persons or property during its use of said building, grounds, and equipment. The group/organization also agrees to indemnify and hold harmless the District and its agents, against any and all claims which may be made against the District, or its agents, for property damage or personal injuries sustained by any persons including groups or organizations and groups' or organizations' privies, which may result from the use of said building, grounds, or equipment by this organization. The indemnifications herein agreed to by the group(s)/organization(s) shall include use of said building, grounds or equipment by the group(s)/organization(s). The group/organization agrees to indemnify the District for any and all claims against Cobb County School District or any of its agents, servants, volunteers, or employees arising out of the group/organization's use of District building, grounds or equipment, however caused.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Group/Organization Representative

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## School Use Only

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Facility Use Available? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not available, brief explanation: \_\_\_\_\_

\_\_\_\_\_

If yes, supervisor's name: \_\_\_\_\_

Person responsible for clean-up: \_\_\_\_\_  
(If different from Supervisor)

EXCLUSION DATES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Facility Use Contact Person/Principal Signature Date

**PLEASE FAX SIGNED FORM TO: 678-398-5103**

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### Facility Use Only

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Facility Use Fee Calculation: \_\_\_\_\_

Supervision Fee Calculation: \_\_\_\_\_

Custodial Fee Calculation: \_\_\_\_\_

Utilities Fee Calculation: \_\_\_\_\_

Special Services Fee Calculation: \_\_\_\_\_

Total Fees Due: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
District Facility Use Coordinator Signature (to be signed upon completion) Date

10/29/12