Fannin County High School Performing ArtsCenter Elden Moates, PAC Coordinator emoates@fannin.k12.ga.us

SCHOOL ORGANIZATIONS MULTIPLE RESERVATIONS

Name of School Organization Hosting Event:	School Personnel O	Contact Person (s):
Cell Phone:	Home Phone:	
NOTE: Energy Management System will cont	trol heat and air according to time schedule listed be	elow.

Event Name:	Describe Event Or Activity:	
Date Needed:	Time (begin/end):	AHA
Performance Information / If Applicable:	SHOWTIME: Ticket P	rice: \$
Check the areas needed: Lobby Audito	rium Stage Back Stage Dressing Roc	oms Bandroom Chorus Suite Canteen
Event Name:		
Event Name:	Describe Event Or Activity:	
Date Needed:	Time (begin/end):	
Performance Information / If Applicable:	SHOWTIME: Ticket P	rice: \$
Check the areas needed: Lobby Audito	orium Stage Back Stage Dressing Roc	oms Bandroom Chorus Suite Canteen
Event Name:	Describe Event Or Activity:	
Date Needed:	Time (begin/end):	2
Performance Information / If Applicable:	SHOWTIME: Ticket P.	rice: \$
Check the areas needed: Lobby Audito	orium Stage Back Stage Dressing Roc	oms Bandroom Chorus Suite Canteen
	******	- 1
Education, does hereby agree to indemnify and hold employees from any and all loss or damage that may indemnify the Fannin County School District for any claim of damages made by anyone else arising out of approved, I will abide by the rules and regulations fo group/organization requesting use of the performing	in consideration of the permit to use the premises, building harmless the Fannin County School District, the Fannin County School District, the Fannin County School District, the Fannin Control arise during or be caused in any way by the use the of the damages done to the building or any other property or equal the use of the facility. I hereby state that the information or the use of public school buildings as set by the Fannin Control arts center and I, individually, am responsible for the fees that the information in this application is true and accurate the control of the set that the information in this application is true and accurate.	County Board of Education, and any of its agents or effectity. The undersigned specifically agrees to uipment owned by the Board of Education as well as any in this application is true and accurate and that if County Board of Education. I understand that both the scharged and supervision of the event and for any and all
I Electronically Agree To The Responsibilities	Stated Above.	
Name Date	School Email Address	
Submit to the Performing Arts Center Coordina	ator:	Chromebooks: Save to desktop and email to: emoates@fannin.k12.ga.us
For Office Use: Date Request Approve	ed PAC Coordinat	or