



BUFORD CITY SCHOOLS
FINE ARTS CENTER AND DAISY SHADBURN AUDITORIUM
RESERVATION REQUEST FOR BUFORD CITY SCHOOL GROUPS

NAME OF SCHOOL _____ PHONE _____

NAME & TITLE OF PERSON IN CHARGE OF THIS EVENT _____

NATURE OF EVENT (List title if presenting a play or musical) _____

DATE(S) REQUESTED _____ *TIME: FROM _____ (AM/PM) TO _____ (AM/PM)
_____ (AM/PM) TO _____ (AM/PM)
_____ (AM/PM) TO _____ (AM/PM)
(*Please include set-up and tear-down time)

ACTUAL EVENT START TIME: _____ (AM/PM)

ALTERNATE DATES _____ *TIME: FROM _____ (AM/PM) TO _____ (AM/PM)
_____ (AM/PM) TO _____ (AM/PM)
_____ (AM/PM) TO _____ (AM/PM)
(*Please include set-up and tear-down time)

ALTERNATE EVENT START TIME: _____ (AM/PM)

NUMBER OF PARTICIPANTS _____ ESTIMATED ATTENDANCE _____

AMOUNT OF ADMISSION CHARGED (if any) _____

Requesting School Administrator's Signature

Date

FAC Director's Signature

Date

<p>FAC Use Only Reminder and Worksheet:</p> <p>Sent: _____</p> <p>Due: _____</p>
