

**ATHENS-CLARKE COUNTY
APPLICATION FOR USE OF GOVERNMENT FACILITY**

PURPOSE OF USE: _____

DATE(S) BEGINNING (DATE & TIME): _____

ENDING (DATE & TIME): _____

NAME OF USER OR OFFICIAL CONTACT FOR USER: _____

MAILING ADDRESS: _____

TELEPHONE (DAY): _____ (EVENING): _____

FACILITY REQUESTED (IF KNOWN): _____

BRIEF DESCRIPTION OF ACTIVITY: _____

NUMBER OF PARTICIPANTS: _____

WILL YOUR USE REQUIRE ANY OF THE FOLLOWING:

SECURITY (EXPLAIN): _____

PARKING (EXPLAIN): _____

UTILITIES (EXPLAIN): _____

ACCESSIBILITY TO DISABLED PERSONS (EXPLAIN): _____

IS YOUR ACTIVITY FOR FUND RAISING PURPOSES? (EXPLAIN): _____

OTHER DESCRIPTION/NEEDS (SPECIAL NEEDS): _____

SIGNATURE OF APPLICANT: _____

DATE: _____

APPLICATION APPROVED BY: _____

FACILITIES COORDINATOR

DATE: _____