

**HISTORIC FULTON GRAMMAR SCHOOL
REQUEST FOR BUILDING USAGE**

Name of Individual or Organization requesting use of building: _____

Address: _____ Phone Number: _____

Detailed Description of Function: _____

Date of Event: _____ Start Time: _____ End Time: _____

Rooms Requested: ☐ Auditorium ☐ Front Foyer ☐ Entire Facility

Rental of Sound Equipment: ☐ Yes ☐ No

Rental of Lighting Equipment: ☐ Yes ☐ No

NOTE: Only authorized persons may operate the sound and lighting equipment. Rental Rates for sound and lighting equipment are itemized in the Rental Policy.

Contact Victoria Blake at 662-862-4923 to arrange for rental of the sound and lighting equipment.

Number Expected to Attend: _____

Name of Florist: _____ Phone Number: _____

Name of Caterer: _____ Phone Number: _____

(Signature of renter or responsible party)

Date

(To be completed by the City of Fulton)

Application Received: _____ Reviewed: _____ ☐ Approved ☐ Denied

Lisa Russell
City Clerk

Security Deposit: \$250.00 (required)

Cleaning Fee: \$200.00 (required)

Rental Rates per schedule: _____

Security Deposit of \$ _____ Received ☐ Cash ☐ Check # _____

Security Deposit of \$ _____ refunded on _____ to _____