



Hall County Board of Education Agreement for Use of Athletic Facilities

Name of School: _____

Name of Principal: _____

Name of Team and Affiliation: _____

Number of Players: _____

Name of Coach: _____

Coach's Contact Number(s): _____

Address: _____

Dates Requesting Use: _____

Requested Dates Available: YES _____ NO _____

Meets Criteria for Use in Guidelines: YES _____ NO _____

If 'NO,' state guideline(s) not met:

As coach of the team requesting use of facilities, I have read the Hall County Board of Education Guidelines for Use of Indoor Facilities and agree to follow them, including the established criteria. I understand that this privilege can be revoked at any time.

Coach's Signature: _____

Principal's Signature: _____

Date: _____

