



RICHMOND COUNTY TECHNICAL CAREER MAGNET SCHOOL
3200 B Augusta Tech Drive * Augusta, Georgia 30906*(706) 823-5580 – Fax: (706) 796-4889

EVENT/SPACE RESERVATION GUIDELINES

Richmond County Technical Career Magnet School has several spaces that may be reserved for use:

The most commonly used areas are wheelchair accessible and the elevators is available if needed.

- The Lecture Hall • The Café The Gym

Please contact RCTCM before making a reservation.

FACILITY USAGE POLICIES

1. All reservations are tentative until officially approved via email or phone from Ms. Clark. Please note that RCTCM reserves the right to make modifications to your reservation, including time and room, for RCTCM programming purposes.
2. At least two full business days' notice is required for cancellation of a reservation. If your Organization was charged for the space, your fee will be forfeit if you cancel outside of this period.
3. Use of RCTCM facility requires adherence to School policy.
4. Principal members of groups reserving spaces are responsible for the behavior of their guests and members.
5. Cost for the facility covers the use of the room(s) only. Additional charges may be applied for cleaning, damages, or restoring the space to its pre-event status (i.e., trash collected, floors swept, furniture returned to its configuration).
6. Users must empty trash cans and recycling containers following an event.
7. Users are responsible for bringing their own tables, chairs, or A/V equipment.
Assistance will be provided with these items upon request.
8. Should an emergency situation arise during an event, call 911 and notify the custodian on duty & principal.
9. Security problems will be brought to the immediate attention of Richmond County Police, the Principal, and/or Assistant Principal. They reserve the right to terminate the event immediately and without notice.

Organization: _____

Terms and Conditions

I have read the "Event/Space Reservation Guidelines" and the "Facility Usage Policies". I agree to abide by all policies as stated in those documents. I understand that by submitting this form, any failure to adhere to these policies may result in revoked privileges, disciplinary measures, fines, repair costs, and/or replacement costs. *

I Agree Please sign: _____ Date: _____



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RCTCM Space Reservation Form

Phone No. _____

Email: _____

Address: _____

Your Name: _____ Date: _____

Organization: _____ Your Title: _____

Email: _____ Phone: _____

Address: _____

RCTCM POC: _____ District POC: _____

Room Requested: _____ Room Approved: _____

Room Capacity: _____ No. of Attendees: _____

No. of Chairs: _____ No. of Tables/Desks: _____

Equipment Needed: _____

Reason: _____

Date(s) Needed: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Frequency Needed: ☐ Every Week ☐ Every Other Week ☐ Every Third Week ☐ Monthly

Start Time: _____ End Time: _____ Duration: _____

First Date Needed: _____ Last Date Needed: _____

Request:

☐ Heat ☐ A/C

School Resource Officer (Your organization must pay the SRO)

Custodian (Your organization must pay the Custodian)

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☐ I Agree Please sign: _____ Date: _____