



Application For Use Of School Facilities For A School Event / Activity

Date: _____

Name of Organization: _____

Applicant's Information:

Printed Name: _____ Building: _____

Day Time Phone: _____ Cell Phone: _____

Building Requested:

<input type="checkbox"/> High School	<input type="checkbox"/> Junior High School	<input type="checkbox"/> Coloma Intermediate	<input type="checkbox"/> Coloma Elementary
<input type="checkbox"/> Classroom(s) # _____	<input type="checkbox"/> Classroom(s) # _____	<input type="checkbox"/> Classroom(s) _____ #	<input type="checkbox"/> Classroom(s) _____ #
<input type="checkbox"/> Library	<input type="checkbox"/> Library	<input type="checkbox"/> Library	<input type="checkbox"/> Library
<input type="checkbox"/> Gymnasium—Needs AD Approval	N/A	<input type="checkbox"/> Alwood Gymnasium	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Auditorium	N/A	<input type="checkbox"/> Activity Center	<input type="checkbox"/> All Purpose Room
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Vestibule	<input type="checkbox"/> Vestibule	<input type="checkbox"/> Vestibule / Gym Lobby	<input type="checkbox"/> Vestibule

High School Auditorium Use:

<input type="checkbox"/> Microphone # _____	<input type="checkbox"/> Sound System	<input type="checkbox"/> Projection Screen	<input type="checkbox"/> Podium	<input type="checkbox"/> Stage Lighting
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High School Gymnasium Use:

<input type="checkbox"/> Bleachers	<input type="checkbox"/> Scoreboard/Controls	<input type="checkbox"/> Other: _____
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Purpose of Use: _____ Number of people expected: _____

Date(s) of Use: _____

(Attach schedule if necessary)

Time of Use: Start Time: _____ a.m. / p.m. End Time: _____ a.m. / p.m.

Use of the High School Auditorium requires a school auditorium staff person to be on duty.

Use of any kitchen requires a school kitchen staff person to be on duty.

- | | | | | |
|---|-------------------|------------|----------|-------------------|
| <input type="checkbox"/> Auditorium staff | Date needed _____ | from _____ | to _____ | Total Hours _____ |
| <input type="checkbox"/> Technical staff | Date needed _____ | from _____ | to _____ | Total Hours _____ |
| <input type="checkbox"/> Food Service staff | Date needed _____ | from _____ | to _____ | Total Hours _____ |

Custodial, technical and/or kitchen needs / requests (tables set up, use of kitchen, etc.) BE SPECIFIC:

IF TRASH CANS ARE USED DURING YOUR EVENT, THE TRASH IS TO BE TAKEN OUT TO THE DUMPSTER AFTER YOUR EVENT

(Signature)

(Date)

RETURN COMPLETED FORM TO:
Dena @ the Administration Office

Once this request is received by the Administration Office, the calendar will be checked for availability of the date(s) requested. You will be notified if the building is available. PLEASE NOTE: Your requested event will NOT be scheduled on the calendar until this completed form is received by the Administration Office.

ADMINISTRATIVE USE ONLY

Date/Time Received: _____ Date/Time Entered on Calendar: _____

Bldg Notified: _____ Alarm: _____ Custodian Notified: _____

Notes: _____

Emergency Number (4:00 pm – 7:00 am): 269-757-2013 – leave a message