



Application For Use Of A School Facility For An Outside Group

Date: _____

Name of Organization: _____

Applicant's Information:

Printed Name: _____ Phone: _____

Mailing Address: _____

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) _____ #	N/A
<input type="checkbox"/> Library	<input type="checkbox"/> Library	<input type="checkbox"/> Library	N/A
<input type="checkbox"/> Gymnasium—Needs AD Approval	N/A	<input type="checkbox"/> Alwood Gymnasium	N/A
<input type="checkbox"/> Auditorium	N/A	<input type="checkbox"/> Activity Center	N/A
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria	N/A
<input type="checkbox"/> Vestibule	<input type="checkbox"/> Vestibule	<input type="checkbox"/> Vestibule / Gym Lobby	<input type="checkbox"/> Vestibule

High School Auditorium Rental:

<input type="checkbox"/> Microphone # _____	<input type="checkbox"/> Sound System	<input type="checkbox"/> Projection Screen	<input type="checkbox"/> Podium	<input type="checkbox"/> Stage Lighting
---	---------------------------------------	--	---------------------------------	---

High School Gymnasium Rental: AD Initials: _____

<input type="checkbox"/> Bleachers	<input type="checkbox"/> Scoreboard/Controls	<input type="checkbox"/> Other: _____
------------------------------------	--	---------------------------------------

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 cafeteria/kitchen requires a school kitchen staff person to be on duty.

- Custodial Date needed _____ from _____ to _____ Total Hours _____
- Auditorium / Technical staff Date needed _____ from _____ to _____ Total Hours _____
- 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:

All applicants for use of Coloma Community Schools facilities shall hold the school free and without harm from any loss or damage, liability or expense that may arise during or be caused in any way by such use or occupancy of district facilities.

I fully understand I am responsible for any damages to the school property incurred during my use of the building. My signature of this form indicates my willingness to reimburse the school system for such damages or other expenses caused by the group I represent including full payment of rental charges and fees for the organization named above.

I have read the above and the Facility Use Guidelines and I agree to the terms stated above.

(Signature)

(Date)

RETURN COMPLETED FORMS AND DEPOSIT (IF APPLICABLE) TO
THE DISTRICT ADMINISTRATION OFFICE :

Mail: P.O. Box 550, Coloma MI 49038 or drop off in person to
302 St. Joseph Street, Coloma MI 49038.

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, and if so, what the building use fee will be for the date(s) / time requested. 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: _____ Key Deposit: _____

Bldg Deposit: _____ Building Fee: _____ Custodial Fee: _____ Kitchen Staff Fee: _____

Tech Staff Fee: _____

Notes: _____

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