

**Almont Community Schools
Building Use**

TO: Debbie Kosinski @ Central Office 810-673-9100 Date request submitted _____
(dkosinski@almontschools.org) Fax 810-798-2367

Name of Person in Charge/Organization Name: _____

We seek permission to use the following school facilities:

School Building: _____ Room/Place _____

Purpose: _____ Is this a fundraiser? _____

If for a season or extended period, state the beginning and ending dates (note any exceptions)

Day(s)	Date(s)	Time(s) Beginning and End
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We will enter the Building at _____ We will leave the Building at _____
(time) (time)

We (will) (will not) charge an admission fee. We expect an attendance of approximately _____ persons

We require the use of the following equipment:

- _____ Stage
- _____ Kitchen Access
- _____ Piano (on Stage) (on floor)
- _____ Projector
- _____ Ticket Table and Chair
- _____ Folding Chairs (how many?)
- _____ Folding Tables (how many?)
- _____ Other (List under Additional Information)

Additional Information:

(In case of emergency please call Bob Jones at 810-278-2777)

It is understood that School District activities have preference over outside activities in using the school buildings and this request is subject to cancellation if requested facility is needed for a school activity. Also, when school is scheduled for a half day or no school for students, building use will not be available.

If permission is granted we agree to be responsible for any accidents or injuries sustained by any person attending or participating in the program or activity for which we may use the above-mentioned school facilities, and to be responsible for replacement in case of any damage or loss incurred. Further, in accordance with State requirement and Board policy, we agree that there shall be no use of tobacco or controlled substances in the school building.

Signature/Date _____ Name of Organization/person/group _____ Phone # _____

_____ I have read the Building Use Procedures and Policy 7510 and agree to and understand the terms of the agreement.

Billing Address

THIS SPACE FOR DISTRICT USE

This request has been granted and approved. See conditions as set forth below.

Rental \$ _____ Other Fees \$ _____ Deposit Amount \$ _____ Due by: _____ Remainder Due by: _____

Make checks payable to: Almont Community Schools

Conditions:

This request has NOT been granted for the following reason: _____

Signature _____ Date _____

Dates: Posted to Outlook _____ To DG _____ To Bldg Sec. _____ To Other _____ Organization Contacted _____

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