



# Charlevoix Public Schools

Learning Success for All

## REQUEST TO USE SCHOOL FACILITIES AND/OR EQUIPMENT

Charlevoix Elementary School  
13513 Division Street  
Charlevoix, MI 49720  
231-547-3215 p  
231-547-3150 f

Charlevoix Middle School  
108 E. Garfield Street  
Charlevoix, MI 49720  
231-547-3206 p  
231-547-3244 f

Charlevoix High School  
05200 Marion Center Road  
Charlevoix, MI 49720  
231-547-3222 p  
231-547-3245 f

-COMPLETE AND SUBMIT TO SCHOOL OFFICE-

PLEASE LEAVE THE FACILITY AS NEAT AND CLEAN AS YOU FIND IT. Thank you.

DATE: \_\_\_\_\_ NAME OR GROUP MAKING REQUEST: \_\_\_\_\_

REPRESENTATIVE OF GROUP RESPONSIBLE FOR USE & CARE OF PROPERTY:

\_\_\_\_\_

SPECIFIC ROOM REQUESTED (if known) \_\_\_\_\_ PURPOSE: \_\_\_\_\_

DATE(S) TO BE USED: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_

ACTUAL TIME OF EVENT: \_\_\_\_\_ TOTAL HOURS REQUIRED: \_\_\_\_\_

SERVICES REQUIRED (circle):      Custodial      Cook      Supervision      Other

I am aware of the policies of the Charlevoix Board of Education governing the usage of public school facilities and equipment and hereby represent this group as the responsible party for all privileges and obligations surrounding this request. I understand that if a key is issued to me that it is prohibited to have a school key copied by an outside party and I agree to return the key to the school on the agreed upon date.

**Signature, address and phone number** of representative soliciting use of facilities:

\_\_\_\_\_ KEY # ISSUED if applicable \_\_\_\_\_

\_\_\_\_\_ KEY RETURN DATE \_\_\_\_\_

\_\_\_\_\_ KEY RETURNED ON \_\_\_\_\_

**IF SCHOOL IS CANCELLED, THIS FACILITY WILL NOT BE AVAILABLE FOR USE.**

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ AVAILABILITY CHECKED BY: \_\_\_\_\_

PERSONNEL ASSIGNED TO WORK: \_\_\_\_\_

Expenses to be paid by soliciting party:

Usage and Custodial Fees: \_\_\_\_\_

Staff member responsible for building: \_\_\_\_\_

COPIES TO: School Office, Custodian, Group Representative, Athletic Director, Central Office if fee involved.