

ALGONAC COMMUNITY SCHOOLS

5200 Taft Rd. , Algonac, Michigan 48001

Phone: (810) 794-9364 - Fax: (810) 794-0040

APPLICATION FOR USE OF SCHOOL PROPERTY

“The school reserves the right to cancel the permit when normal school events make it necessary to use the requested space or when work must be done in the requested area which would insure normal operation of the school”

 Name of Organization Building Desired Date of Application

Amount admission to be charged _____ What use will be made of proceeds _____

Equipment desired _____ Possible Attendance _____

DATE OF EVENT	PORTION OF BUILDING DESIRED	PURPOSE FOR WHICH PREMISES TO BE USED	SET UP TIME	EVENT START TIME	EVENT END TIME	TEARDOWN TIME	NEED CUSTODIAN

The undersigned hereby makes application to the Algonac Board of Education for the use of school premises, and certifies the information given above is correct. The undersigned further states that he/she has the full authority to make the application, and agrees that the application will assume all legal and financial responsibility for infractions of the rules and reg-

 PRINT NAME SIGNATURE PHONE

 Position in Organization Billing Address

Class I	<input type="checkbox"/>	Building Rental Fee	_____
Class II	<input type="checkbox"/>	Other	_____
Class III	<input type="checkbox"/>	Labor	_____
Class IV	<input type="checkbox"/>	Deposit	_____
		Total Estimated Cost	_____

<u>APPROVED</u>	

Building Administrator	

Director of Business Services	