

COPIES TO: License.....White
Custodial.....Pink
Superintendent's Office.....Yellow

Print Firmly

Approved _____
Not Approved _____

APPLICATION FOR USE OF FACILITY AND/OR EQUIPMENT

Date: _____ Adult in Charge: _____

Address: _____ Phone: _____

Organization: _____ Purpose: _____

Dates Desired: _____ Building/RM Requested: _____

Time: _____ Comments: _____

FURNITURE

AUDIO VISUAL

- | | | | | | |
|---------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Desk | <input type="checkbox"/> | Projector (Film Strip) | <input type="checkbox"/> | P.A. System | <input type="checkbox"/> |
| Tables | <input type="checkbox"/> | Projector (Movie) | <input type="checkbox"/> | Stage Lighting | <input type="checkbox"/> |
| Chairs | <input type="checkbox"/> | Projector (Slice) | <input type="checkbox"/> | VCR | <input type="checkbox"/> |
| Risers | <input type="checkbox"/> | Screen | <input type="checkbox"/> | Computer | <input type="checkbox"/> |
| Benches | <input type="checkbox"/> | Drop Cords | <input type="checkbox"/> | Cassette Recorder | <input type="checkbox"/> |

Comments:

Open Doors FROM: _____ TO: _____ Hot Water On: Yes



Your School Board Believes that the use of school facilities is of value to the Community.

We ask your conscientious cooperation in the care of equipment and facilities.



Charges: Rental fees and other assessments such as custodial fees shall be charged to groups and organizations. Said fees shall be consistent with Board of Education policies and wage scales. All checks should be payable to: FOREST PARK SCHOOL DISTRICT, 801 Forest Parkway, Crystal Falls, MI 49920

Rental Fees: _____

Custodial: _____

Comments: _____

I have read the terms herein with attachments and will fully comply with such terms.

Authorized Official of Organization

Authorized Signature for School District