



APPLICATION FOR PERMIT – Group II & III

DATE: _____

NAME & EMAIL:	_____	EMAIL:	_____
ORGANIZATION:	_____		
STREET ADDRESS:	_____		
CITY, STATE & ZIP:	_____		
PERSON RESPONSIBLE:	_____		
HOME PHONE:	_____	CELL PHONE:	_____
WORK PHONE:	_____		
PURPOSE OF RENTAL:	_____		

❖ **DAY(S) OF WEEK REQUESTED**

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

❖ **DATE(S) AND HOURS REQUESTED**

Date(s) Requested:	_____	Hours	From:	_____	To:	_____
Date(s) Requested:	_____	Hours	From:	_____	To:	_____

❖ **BUILDING AND FACILITIES REQUESTED – *Indicate number needed**

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> MIDDLE SCHOOL	<input type="checkbox"/> SCHALM	<input type="checkbox"/> KENWOOD	<input type="checkbox"/> BAKER
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Classroom(s)*	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Media Center	<input type="checkbox"/> Media Center	<input type="checkbox"/> Classroom(s)*
<input type="checkbox"/> Gym Locker Room		<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Conference Room
<input type="checkbox"/> Media Center		<input type="checkbox"/> Classroom(s)*	<input type="checkbox"/> Classroom(s)*	
<input type="checkbox"/> Classroom(s)*		<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Cafeteria	
<input type="checkbox"/> Cafeteria		<input type="checkbox"/> Kitchen	<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Kitchen				
<input type="checkbox"/> Trojan Hall				
<input type="checkbox"/> Trojan Hall Patio				
<input type="checkbox"/> Front Entry/ Common Area				
<input type="checkbox"/> Tennis Courts				
<input type="checkbox"/> Turf Soccer Field				
<input type="checkbox"/> Parking Lot				

❖ **EQUIPMENT RENTAL REQUESTED – *Indicate number needed**

<input type="checkbox"/> Podium	<input type="checkbox"/> Microphone	<input type="checkbox"/> Tables* (ltd. # avail.)	<input type="checkbox"/> Chairs*
_____	_____	_____	_____

<p>THIS APPLICATION MUST BE COMPLETED AND NON-REFUNDABLE PROCESSING FEE PAID PRIOR TO CONSIDERATION BY THIS OFFICE.</p> <p><input type="checkbox"/> I acknowledge that I have received a copy of the Facility Rental Agreement, and agree to abide by the policies, terms and conditions contained therein.</p> <p><input type="checkbox"/> Non-refundable processing fee enclosed. Amount: \$ _____</p> <p>_____ Signature of Applicant or Representative</p> <p>_____ Date</p>	<p>Return this application with non-refundable processing fee (via cash, money check, or money order made payable to "Clawson Public Schools")</p> <p>TO: Melissa Kolf Clawson High School 101 John M Clawson MI 48017</p> <p>QUESTIONS? Contact : Melissa Kolf 248.655.4208 melissa.kolf@clawsonschools.org</p> <p><input type="checkbox"/> Non-refundable processing fee received</p> <p><input type="checkbox"/> APPLICATION APPROVED – ISSUE PERMIT</p> <p>CLAWSON PUBLIC SCHOOLS</p> <p>By: _____ Building Administrator</p> <p>_____ Date</p>
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