

MILAN AREA SCHOOLS
APPLICATION FOR USE OF SCHOOL FACILITIES
MILAN HIGH SCHOOL ATHLETIC / ACTIVITIES WING

Name of Applicant/Person Responsible: _____ Application date: _____

Signature of Applicant: _____

Organization Name: _____

Address _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Type of Activity: _____ Event start time: _____

Desired Date(s) (attach list if necessary): _____

Time In for set up: _____ Time Out after clean up: _____

Area(s) requested:

Cafeteria _____
Main Gym _____
Aux. Gym _____
Athletic Rotunda _____
Classroom F105 _____
Weight Room _____

Kitchen _____ / supervisor approval: _____

Theatre _____ / manager approval: _____

Pool _____ / manager approval: _____

List any Special Set-up Needed _____

Milan Area Schools is a Drug Free, Smoke Free and Weapons Free District. The use of alcoholic beverages, illegal drugs, or tobacco and the possession of weapons on school district property is prohibited. In addition, games of chance or entertainment of a questionable character is not allowed.

The above named organization/person agrees to the following:

1. Provide adequate supervision of the group using the building.
2. Restrict individuals within the designated room(s) or area rented.
3. Be responsible for any damage to the building and/or equipment incurred during their occupancy.
4. Have the supervisor notify the maintenance person that the group has vacated the building and that the windows are closed and the lights off, (if applicable).

RENTAL COSTS: Make Checks Payable to: Milan Area Schools, 100 Big Red Drive, Milan, MI 48160

Facility Rental _____

Variations from this agreement

Custodial Staff & Hours _____

may result in the assessment

Kitchen Staff & Hours _____

of additional rental costs.

Equipment Fee _____

50% Rental Deposit Made

Keys to renter: _____ **\$50 Deposit:** _____

Total Charges to be Billed _____ -or- Cash Collected at Door _____

Approved by Building Principal / Athletic Director _____ DATE: _____

Original filed in Athletic / Bookkeeper office

COPIES DISTRIBUTED TO: 1. Athletic dept. 2. Athletic Director 3. Renter 4. Building & Grounds

Date: _____

A. bldg: _____

B. director: _____