

MILAN AREA SCHOOLS
FACILITY USE REQUEST FORM
 fax 734-439-5084

_____ High School _____ Middle School _____ Symons Elem. _____ Paddock Elem.

Name of Applicant/Person Responsible: _____

Signature of Applicant: _____ email _____

Organization Name: _____ Date: _____

Address _____

Type of Activity: _____

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

Desired Dates (attach list if necessary): _____

Time In (Setup): _____ Time Out (Take down): _____

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Event Start Time: _____ Event Finish: _____

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| | |
|---------------------|---------------------------------|
| Cafeteria _____ | Auditorium (MS/Sym/Pad) _____ |
| Athl. Rotunda _____ | Pool (MS or HS) _____ |
| Aux/PE Gym _____ | Drama Room (HS) _____ |
| Comp Gym _____ | Choir Room (HS) _____ |
| Theatre _____ | Band Room (HS) _____ |
| Library _____ | F105 Classroom (HS) _____ |
| Classroom _____ | Athletic Fields (specify) _____ |
| MCIS (HS) _____ | |

Estimated number in people in attendance: _____

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. The authorized user must contact the approved building one week prior of usage to confirm access
2. Provide adequate supervision of the group using the building.
3. Restrict individuals within the designated room(s) or area rented.
4. Be responsible for any damage to the building and/or equipment incurred during their occupancy.
5. 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).

I confirm that I have read/agree to the above provisions: _____ (signature)

RENTAL COSTS: Make Checks Payable to: Milan High School, c/o Athletic Dept., 200 Big Red Dr. Milan, MI 48160

For District Personnel Only

Type of Organization: _____ Class 1 _____ Class 2 _____ Class 3 _____ Class 4

Rental Fee: _____ Custodial Fee: _____ Other Fee: _____ TOTAL COST: \$ _____

Approved By: _____ Date: _____

Copies: ___Admin Office ___Director of B&G ___Building Office ___Custodian ___Food Service ___Organization