



APPLICATION FOR PERMIT – Group I

❖ **FOR STAFF ONLY**

DATE OF APPLICATION:	
GROUP:	
REQUESTED BY:	EMAIL:
STAFF MEMBER RESPONSIBLE:	EMAIL:
WORK PHONE:	CELL PHONE:
PURPOSE OF RENTAL:	

❖ **DAY(S) OF WEEK REQUESTED**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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❖ **DATE(S) AND HOURS REQUESTED**

Date(s) Requested:		
Event Time:	Beginning:	End:
Setup Time:		

❖ **BUILDING AND FACILITIES REQUESTED**

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

❖ **EQUIPMENT RENTAL REQUESTED**

<input type="checkbox"/> Podium	<input type="checkbox"/> Piano	<input type="checkbox"/> Tables	#	<input type="checkbox"/> Chairs	#
For microphone needs, please put in a ticket with IT directly.	For Smartboard needs, please put in a ticket with IT dept. directly.				

❖ **THIS PERMIT IS FOR SCHOOL GROUPS AND SCHOOL-RELATED GROUPS ONLY WHEREIN THE MEMBERSHIP AND THE SPONSOR ARE MEMBERS OF OUR STUDENT BODY AND STAFF, ANYTIME AFTER REGULAR SCHOOL HOURS, EXCLUDING WEEKENDS.**

❖ **PLEASE SUBMIT TO KESSA GOULD AT CHS AFTER BUILDING ADMINISTRATOR HAS SIGNED.**

By: _____ Signature of Staff Member Date		APPROVED: CLAWSON PUBLIC SCHOOLS By: _____ Building Principal/Administrator Date	
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