



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

<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:		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"/> ELEMENTARY	<input type="checkbox"/> EARLY CHILDHOOD CENTER
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Classroom(s)*	<input type="checkbox"/> Classroom(s)*	<input type="checkbox"/> Classroom(s)*
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Conference Room
<input type="checkbox"/> Gym Locker Room		<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Media Center		<input type="checkbox"/> Gymnasium	
<input type="checkbox"/> Classroom(s)*			
<input type="checkbox"/> Cafeteria			
<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*

THIS APPLICATION MUST BE COMPLETED AND NON-REFUNDABLE PROCESSING FEE PAID PRIOR TO CONSIDERATION BY THIS OFFICE.

☐ 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.

☐ Non-refundable processing fee enclosed. Amount:\$_____

Signature of Applicant or Representative

Date

Return this application with non-refundable processing fee (via cash, money check, or money order made payable to "Clawson Public Schools")

TO: Facility Use/Rental
Clawson High School
101 John M
Clawson MI 48017

QUESTIONS?
Contact :
248.655.4208

☐ Non-refundable processing fee received
☐ **APPLICATION APPROVED – ISSUE PERMIT**

CLAWSON PUBLIC SCHOOLS

By: _____
Building Administrator

Date