



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"/> 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"/> Gymnasium	<input type="checkbox"/> Conference Room
<input type="checkbox"/> Gym Locker Room		<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Gymnasium
<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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