

CALEDONIA-MUMFORD CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

3280F

(Please refer to the attached District Policy and Procedures)

Date of Event: \_\_\_\_\_

Time of Event: (Include Set-Up and Breakdown Time): \_\_\_\_\_

Description of Event: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

**Identify ALL Facilities Requested:**

- | Elementary                                  | Middle                                      | High School                                 | Grounds  |
|---|---|---|--|
| <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Classroom (#_____) | <input type="checkbox"/> Baseball Field          |
| <input type="checkbox"/> Gym                | <input type="checkbox"/> Auditorium         | <input type="checkbox"/> Gym w/Locker Room  | <input type="checkbox"/> Football Practice Field |
| <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Café A             | <input type="checkbox"/> Band Room          | <input type="checkbox"/> JV Soccer Field         |
| <input type="checkbox"/> Parking Lot        | <input type="checkbox"/> Café B             | <input type="checkbox"/> Chorus Room        | <input type="checkbox"/> Modified Baseball Field |
| <input type="checkbox"/> Auditorium         | <input type="checkbox"/> Parking Lot        | <input type="checkbox"/> Concession Stand   | <input type="checkbox"/> Modified Soccer         |
| <input type="checkbox"/> Computer Lab       | <input type="checkbox"/> Gym w/Locker Room  | <input type="checkbox"/> Weight Room        | <input type="checkbox"/> Modified Softball       |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Computer Lab       | <input type="checkbox"/> Computer Lab       | <input type="checkbox"/> Softball                |
|   | <input type="checkbox"/> Library            | <input type="checkbox"/> Other              | <input type="checkbox"/> Stadium                 |
|   | <input type="checkbox"/> Other              |   | <input type="checkbox"/> Stadium Concession      |
|   |   |   | <input type="checkbox"/> Varsity Soccer          |
|   |   |   | <input type="checkbox"/> Playground Primary      |
|   |   |   | <input type="checkbox"/> Playground Secondary    |
|   |   |   | <input type="checkbox"/> Other                   |

Additional Needs: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Daytime Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**\*\*\*WILL NOT BE PROCESSED WITHOUT AN EMAIL ADDRESS\*\*\***

Number of People Involved: \_\_\_\_\_ Head Chaperone: \_\_\_\_\_

