COLOMA COMMUNITY SCHOOLS
INSPIRE TO ACHIEVE - EMPOWER FOR SUCCESS

302 W. St. Joseph Street
Coloma, Michigan 49038
ccs.coloma.org

David A. Ehlers, Superintendent
Phone: (269) 468-2424
Fax: (269) 468 - 2440

Application For Use Of A School Facility For An Outside Group

Date: _____

Name of Organization: _____

Applicant's Information:

Printed Name: _____ Phone: _____

Mailing Address: _____

Building Requested:

☐ **High School**	☐ **Junior High School**	☐ **Coloma Intermediate**	☐ **Coloma Elementary**
☐ Classroom(s) #_____	☐ Classroom(s) #_____	☐ Classroom(s) _____#	N/A
☐ Library	☐ Library	☐ Library	N/A
☐ Gymnasium–Needs AD Approval AD Initials:	N/A	☐ Alwood Gymnasium	N/A
☐ Auditorium	N/A	☐ Activity Center	N/A
☐ Cafeteria	☐ Cafeteria	☐ Cafeteria	N/A
☐ Vestibule	☐ Vestibule	☐ Vestibule / Gym Lobby	☐ Vestibule

High School Auditorium Rental:

☐ Microphone #____	☐ Sound System	☐ Projection Screen	☐ Podium	☐ Stage Lighting

High School Gymnasium Rental:

☐ Bleachers	☐ Scoreboard/Controls	☐ Other:

Purpose of Use: _____ Number of people expected: _____

Date(s) of Use: _____

(Attach schedule if necessary)

Time of Use: Start Time: _____ a.m. / p.m. End Time: _____ a.m. / p.m.

Use of the High School Auditorium requires a school auditorium staff person to be on duty.

Use of any cafeteria/kitchen requires a school kitchen staff person to be on duty.

☐ Custodial Date needed _____ from _____ to _____ Total Hours _____

☐ Auditorium / Technical staff Date needed _____ from _____ to _____ Total Hours _____

☐ Food Service staff Date needed _____ from _____ to _____ Total Hours _____

Custodial, technical and/or kitchen needs / requests (tables set up, use of kitchen, etc.) BE SPECIFIC:

_____

_____

_____

All applicants for use of Coloma Community Schools facilities shall hold the school free and without harm from any loss or damage, liability or expense that may arise during or be caused in any way by such use or occupancy of district facilities.
I fully understand I am responsible for any damages to the school property incurred during my use of the building. My signature of this form indicates my willingness to reimburse the school system for such damages or other expenses caused by the group I represent including full payment of rental charges and fees for the organization named above.

☐ I have read the above and the Facility Use Guidelines and I agree to the terms stated above.

_____ _____

(Signature) (Date)

RETURN COMPLETED FORMS AND DEPOSIT (IF APPLICABLE) TO
THE DISTRICT ADMINISTRATION OFFICE :

Mail: P.O. Box 550, Coloma MI 49038 or drop off in person to
302 St. Joseph Street, Coloma MI 49038.

Once this request is received by the Administration Office, the calendar will be checked for availability of the date(s) requested. You will be notified if the building is available, and if so, what the building use fee will be for the date(s) / time requested. PLEASE NOTE: Your requested event will NOT be scheduled on the calendar until this completed form is received by the Administration Office.

Emergency Number (4:00 pm – 7:00 am): 269-757-2013 – leave a message

OFFICE USE ONLY

Date/Time Received: _____ Date/Time Entered on Calendar: _____

Notification: Building _____ Alarm _____ Custodian _____ Aud _____ AD _____

Deposits: Building _____ Key _____

Fees: Building: _____ Custodial: _____ Kitchen Staff Fee: _____ Tech Staff Fee: _____

Notes: _____

6/9/21 Revised