

# Coloma Community Schools

2518 Boyer Road Coloma, MI 49038 269-468-2424 269-468-2440-Fax [www.ccs.coloma.org](http://www.ccs.coloma.org)

**APPLICATION FOR USE OF SCHOOL FACILITIES  
BUILDING AND ADDITIONAL STAFF FEES WILL BE CHARGED  
FOR USE OF THE FACILITY BEING REQUESTED.**

Date: \_\_\_\_\_

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

Applicant's Information:

Printed Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Building Requested: \_\_\_\_\_ Room Requested: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Number of people to attend: \_\_\_\_\_

Date of Use:

Single Date(s): \_\_\_\_\_

Weekly: Every M T W T F S S from \_\_\_\_\_ through \_\_\_\_\_  
(circle one or more) (mm/dd/yy) (mm/dd/yy)

Monthly: Every M T W T F S S from \_\_\_\_\_ through \_\_\_\_\_  
(circle one or more) (mm/dd/yy) (mm/dd/yy)

Time of Use: from: \_\_\_\_\_ a.m. / p.m. to: \_\_\_\_\_ a.m. / p.m.

I require the services of a Coloma Schools maintenance and/or kitchen staff during my usage time. The school will arrange for this service. I understand I will be billed a minimum of 1 hour at the rate listed under the Rules and Guidelines, for each staff person requested.

Maintenance staff  Date needed \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Total Hours \_\_\_\_\_

Kitchen staff  Date needed \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Total Hours \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

If you experience any maintenance issues while using the building, please send an e-mail to:  
[Coloma.maintenance@gmail.com](mailto:Coloma.maintenance@gmail.com)

**FEES**

*Fees charged for building use and maintenance staff is based on the policy set by the Board of Education and are subject to change when board policies are reviewed.*

*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 that under the conditions of Section 340.580 of the Michigan School Code 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 FORM TO THE SCHOOL ADMINISTRATION OFFICE.

Fax – 269-468-2440 Mail – 2518 Boyer Road, Coloma MI 49038 or drop off in person.

**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 day(s) will NOT be scheduled on the calendar until this completed form is received by the Administration Office.**

ADMINISTRATIVE USE ONLY

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Entered on Calendar: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Key: \_\_\_\_\_ Alarm: \_\_\_\_\_ Bldg Notified: \_\_\_\_\_ Custodian: \_\_\_\_\_

Building Fee: \_\_\_\_\_ Custodial Fee: \_\_\_\_\_ Kitchen Staff Fee: \_\_\_\_\_ Other: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_