

Buckley Community Schools

305 S. First St. | Buckley, Michigan 49620 | P (231) 269-3325 | F (231) 269-3833
 www.buckleyschools.com | Every Student is our First Priority

Facility Use Form

Board Policy 7510 and Administrative Guideline 7510a which relate to the use of facilities are available for review in the office.

CONTACT PERSON	SUPERVISOR OF ACTIVITY	DATE SUBMITTED															
CONTACT ADDRESS		CONTACT PHONE NUMBER															
REQUESTING GROUP	REQUESTED DATE/TIME	FACILITIES REQUESTED															
Group/Organization , School , Community , Other	Beginning Date _____ Ending Date _____ Day of the week (Circle) Sun M Tu W Th F Sat Time entering bldg. _____ Time for activity _____ Time exiting bldg. _____	<i>Check all facilities requested</i> <input type="checkbox"/> Small Gym <input type="checkbox"/> Big Gym <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Classrooms _____ <input type="checkbox"/> Athletic Field															
ACTIVITY DETAILS		SCHOOL SERVICES REQUESTED															
Purpose and nature of activity: _____ Activity will be open to: _____ <input type="checkbox"/> General public <input type="checkbox"/> Members of group only <input type="checkbox"/> Restricted to: _____ <input type="checkbox"/> No fee <input type="checkbox"/> Admission fee <input type="checkbox"/> Donation requested		<i>Check all that apply</i> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Chairs/Tables</td> <td><input type="checkbox"/> Audio/Visual</td> </tr> <tr> <td><input type="checkbox"/> Fees will be charged</td> <td><input type="checkbox"/> Sporting Equipment</td> </tr> <tr> <td><input type="checkbox"/> Sound system</td> <td><input type="checkbox"/> Cafeteria Staff*</td> </tr> <tr> <td><input type="checkbox"/> Bleachers</td> <td><input type="checkbox"/> Custodial Staff*</td> </tr> <tr> <td>No. of chairs _____</td> <td></td> </tr> <tr> <td>No of tables _____</td> <td></td> </tr> </table> <p><small>* When cafeteria or custodial staff are <u>required</u>, you will be billed at the following rates. cafeteria staff: \$18-\$26/hr and custodial staff \$20-30/hr.</small></p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Charge for Custodial Staff</td> </tr> <tr> <td><input type="checkbox"/> Charge for cafeteria Staff</td> </tr> <tr> <td><input type="checkbox"/> No Charge</td> </tr> </table>	<input type="checkbox"/> Chairs/Tables	<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Fees will be charged	<input type="checkbox"/> Sporting Equipment	<input type="checkbox"/> Sound system	<input type="checkbox"/> Cafeteria Staff*	<input type="checkbox"/> Bleachers	<input type="checkbox"/> Custodial Staff*	No. of chairs _____		No of tables _____		<input type="checkbox"/> Charge for Custodial Staff	<input type="checkbox"/> Charge for cafeteria Staff	<input type="checkbox"/> No Charge
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I do hereby certify, in representation of the group or organization, that I have read and will observe all rules and regulations listed on the back of this application. It is understood that School District activities have preference over outside activities in using the school buildings and this request is subject to cancellation if the requested facility is needed for a school activity. If this permission is granted, we agree to be responsible for any accidents or injuries sustained by any person attending or participating in the program or activity for which we may use the above-mentioned school facilities, and to be responsible for replacement in case of any damage or loss incurred. Further, in accordance with State requirements and Board policy, we agree that there shall be no use of tobacco or controlled substances in the school building.																	
_____ Applicant's Signature		_____ Date															
PLEASE TURN YOUR FACILITY USE FORM INTO THE MAIN OFFICE																	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ 1. Office Staff/Date _____ 3. Principal/Date	_____ 2. Athletic Director/Date _____ 4. Superintendent/Date															