Marysville Public Schools – 495 East Huron Blvd., Marysville, MI 48040 PH: 810-364-7731 APPLICATION / PERMIT FOR USE OF FACILITIES

PLEASE PRINT

Organization:	Co	ntact Person:	Phone:		
Activity:		Is there a	an admission/participation fee?	YES NO	
Building:		Room(s):			
Date(s):	Start Time:	End Time:	# attending		
Equipment needed:					
Auditorium use/techr	nician (Note: Extra fee listed below	.) Please check:	Microphone Lights	Spotlight	
Signature of person requesting use:		Phone:	Date:		
Billing Information*: Name:		Address:			
*Payment for u	se of building charges, custodial hours, and	d auditorium technician fees are	due upon receipt of invoice from the Di	strict.	
Deposit No cha	arge for use of building Char	ge for use of building	Charge for extra custodial/tec	h hours	
Amount: \$					
	Principal's Signature	Building	D	ate	
Application Approval:			×		
	Director of Building and Grou	unds	D	ate	
*******	**************************************	IARYSVILLE PUBLIC SCHOO er hour (two hour minimu		****	
		Gym/Elementary \$50.0			
Atrium/Lobby \$50.00	Media Center \$50.00	Technology Lab \$70.00 Cafeteria/Kitchen \$50.00 Conference Room \$40.00 Concession Stand \$200.00			
Auditorium \$200.00	Pool \$200.00				
	Track \$200.00	Stadium \$200.00	Ball Fields \$25.00		
	e: Reservation Form <u>must</u> be includ		HT HE HELD IN THE TOTAL CONTROL OF THE THE THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE T	*****	
Please	note: Your conscientious coopera General building use is no	t scheduled when school i	s not in session.		
	School programs wil	ll have priority over other	programs.		
Any damag	ges must be reported to the Maint	enance Office IMMEDIATE y once your request has b		red.	
Contact	person must be present for event			t.	
	***************************************		,		
	Director of Building	and Grounds signature	Date		
Custodial Report		Technician Re	CONTROL CONTRO		
	Time out:		Time in: Time out:		
Total hours worked:			Total hours worked:		
Custodian signature: Comments/Concerns/Problems:		Technician signature:			
Actual custodial overtin	ne to be billed to person(s)/organiz	ation(s):			

Original: Central Office Green/Yellow: Maintenance Dept.
6/2019 Revised

Pink: School

Gold: Applicant