



APPLICATION FOR PERMIT – Group I

❖ **FOR STAFF ONLY**

DATE OF APPLICATION:			
GROUP:			
REQUESTED BY:		EMAIL:	
STAFF MEMBER RESPONSIBLE:		EMAIL:	
WORK PHONE:		CELL PHONE:	
PURPOSE OF RENTAL:			

❖ **DAY(S) OF WEEK REQUESTED**

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

❖ **DATE(S) AND HOURS REQUESTED**

Date(s) Requested:		
Event Time:	Beginning:	End:
Setup Time:		

❖ **BUILDING AND FACILITIES REQUESTED**

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> MIDDLE SCHOOL	<input type="checkbox"/> ELEMENTARY		
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Classroom(s)	<input type="checkbox"/> Multipurpose Room		
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Gymnasium		
<input type="checkbox"/> Gym Locker Room				
<input type="checkbox"/> Turf Soccer Field				
<input type="checkbox"/> Media Center				
<input type="checkbox"/> Kitchen				
<input type="checkbox"/> Cafeteria				
<input type="checkbox"/> Classroom(s)				
<input type="checkbox"/> Parking Lot				
<input type="checkbox"/> Trojan Hall				
<input type="checkbox"/> Trojan Hall Patio				
<input type="checkbox"/> Front/North Entry				
<input type="checkbox"/> Tennis Courts				

❖ **EQUIPMENT RENTAL REQUESTED**

<input type="checkbox"/> Podium	<input type="checkbox"/> Piano	<input type="checkbox"/> Tables	#	<input type="checkbox"/> Chairs	#
For microphone needs, please put in a ticket with IT directly.		For Smartboard needs, please put in a ticket with IT dept. directly.			

❖ **THIS PERMIT IS FOR SCHOOL GROUPS AND SCHOOL-RELATED GROUPS ONLY WHEREIN THE MEMBERSHIP AND THE SPONSOR ARE MEMBERS OF OUR STUDENT BODY AND STAFF, ANYTIME AFTER REGULAR SCHOOL HOURS, EXCLUDING WEEKENDS.**

❖ **PLEASE SUBMIT TO KIRSTEN STANLEY AT CHS AFTER BUILDING ADMINISTRATOR HAS SIGNED.**

By: _____ Signature of Staff Member	Date	APPROVED:
		CLAWSON PUBLIC SCHOOLS
		By: _____ Building Principal/Administrator
		Date