

PINE RIVER AREA SCHOOLS
Application for Building Use

Reviewed by Trans Secretary on:

___/___/___

*Copy to Central Office, Custodians

Please complete all information requested below and submit this form to Transportation Secretary for review

Individual Requesting Use _____ Organization _____

Building and Rooms Needed _____

Purpose of Use/Age Group _____

Date(s) _____ Reserve Time From ___:___ To ___:___ Event Time: ___:___ to ___:___

Equipment Needed _____

Approx. Number of Participants _____ Set up Requested? ___*Yes ___ No

Kitchen or Kitchen Equipment? ___*Yes ___ No Keys Needed? ___ Yes ___ No

Custodian Needed? ___*Yes ___ No

If *yes to any of the above, please explain: _____

On behalf of the above named individual/organization, the undersigned being twenty-one years of age or over, agrees to be responsible to the Pine River Area Schools Board of Education for the use and care of school property; and further agrees to leave the building in the same condition as found, and will be responsible for any fees and all breakage/loss occurring during the terms of this application. It is expressly understood that if a building is needed for a school/community event, the undersigned will be notified by the administration.

(Signature of Person in Charge)

(Address of Person in Charge)

(PRINT NAME)

(Telephone #) (Ext.)

(Date)

SCHOOL USE ONLY

Approved: Yes ___ No ___ _____
(Trans & Operations Supv. Signature) (Date)

Approved: Yes ___ No ___ _____
(Athletic Director Signature) (Date)

Approved: Yes ___ No ___ _____
(Building Principal) (Date)

Deposit Required: Yes ___ No ___ **each user must sign for and have own key/pay own deposit

Anticipated Charges/Fees: \$_____.____ **Key Deposit: \$25 as applicable **Key # _____

Deposit Amount Required \$_____.____ **Deposit Received: \$_____.____ Date ___/___/____

Notes: _____

All Activities approved on a Building Use Form will be listed on the district-wide calendar available on our website www.pineriver.org **lost keys must be reported immediately to prevent loss of building use

Final Approval: (Superintendent) _____ Date ___/___/____

Category: 1 2 3 4

Revised 10/19