

# Mount Clemens Community School District

## FACILITY USE REQUEST

167 Cass Avenue, Mount Clemens, MI 48043 (586) 461-3764 Date of Filing Request: \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY.** Your approved copy will be returned to you. Always have this permit with you when using the facilities. **PLEASE ALLOW 14 BUSINESS DAYS TO PROCESS THIS FORM.**

BUILDING: \_\_\_\_\_ ROOMS: \_\_\_\_\_

Day(s) of week (circle) M TU W TH F SA SU Dates Needed \_\_\_\_\_

(Include setup & take down times) TIME IN: \_\_\_\_\_ am/pm TIME OUT: \_\_\_\_\_ am/pm

**If event is open to public, list actual event times if different from above:** \_\_\_\_\_ Approx. number of people attending \_\_\_\_\_

**Are you charging a fee to the people attend? If yes, please indicate the amount of the fees per person:** \_\_\_\_\_

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

Permit Holder: \_\_\_\_\_ Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

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

Alternate contact person: \_\_\_\_\_ Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

Permit Holder's Signature: \_\_\_\_\_

### EVENT PLANNING CHECKLIST AND WORKSHEET

#### ROOM SET UP FEATURES:

(Please draw a brief diagram of room set up and features requested)

- Classroom Style
- Theater Style
- "U" Shape
- Square Style
- Banquet Style
- As Is
- Other

Please list approximately number of chairs and tables needed:

- Chairs \_\_\_\_\_
- Table (Round Style - 8-person)
- Table (Rectangle Style - 6-person)

#### AUDIO/VISUAL EQUIPMENT REQUESTED:

(Please indicate equipment you are requesting for this function and other description if necessary)

- Podium
- Podium With Mounted Microphone
- Lavalier Microphone
- Public Address System
- Overhead Projector / cart
- Screen
- Easel(s)
- Data Projector / cart
- TV/VCR
- Registration Table
- CD Player
- Cassette Player
- Lights\*
  - House Lighting\*
  - Stage Lighting\*
  - Customized Stage Lighting\*
- Sound\*
- Other  
(Please be specific): \_\_\_\_\_

Duties Assigned to: \_\_\_\_\_

Date Information Was Sent To Assigned Person: \_\_\_\_\_

Sent By: \_\_\_\_\_

\*indicates equipment requires technician to operate.

#### OTHER SPECIFIC REQUESTS:

Please detail any other requests for this facility, such as food, cleanup, etc.

Duties Assigned to: \_\_\_\_\_

Date Information Was Sent To Assigned Individual: \_\_\_\_\_

Sent By: \_\_\_\_\_

#### SECURITY INFORMATION:

Unlock Time: \_\_\_\_\_

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

Lock Time: \_\_\_\_\_

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

Duties Assigned to: \_\_\_\_\_

Date Information Was Sent To Assigned Individual: \_\_\_\_\_

Sent By: \_\_\_\_\_

Date Received and Processed: \_\_\_\_\_

Approved By: \_\_\_\_\_

Rental Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check/Cash