



Kalkaska Public Schools

Facility Usage Application

Revised: 1-14-2023

Please PRINT. Submit application at least one week prior to the event.

School Facility and Activity Information

School Name: _____ Application Date: _____

Activity Title/Description: _____

Date(s) (individual or start to end)	Day(s) of Week	Time - Start to End (i.e. 9:00 a.m. - 3:00 p.m.)	Actual Time of Event	Purpose (i.e. setup; event, etc.)
		to		
		to		
		to		

Will a fee be collected for this activity?: Yes No; If yes, how much? _____

Estimated Number of Participants: _____ Anticipated Audience Number: _____

Number of Chaperones (one REQUIRED per 25 Children): _____ Food or beverages? Yes No

Rooms, Facility and/or Equipment Requested and Fees

Room(s)/Area(s)	Equipment	Office Use Only
<input type="checkbox"/> Athletic Field/Court/Track	<input type="checkbox"/> Chairs; How many?	Rental Fee: \$
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Microphone; How many?	Security Deposit: \$
<input type="checkbox"/> Balcony	<input type="checkbox"/> Movie Screen	Activity Deposit: \$
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Overhead Projector	Custodial Fee: \$
<input type="checkbox"/> Cafeteria with Kitchen	<input type="checkbox"/> Piano	Technology Fee: \$
<input type="checkbox"/> Classrooms; How many?	<input type="checkbox"/> Risers	Kitchen Fee: \$
<input type="checkbox"/> Gymnasium;	<input type="checkbox"/> Spotlights	Other: \$
<input type="checkbox"/> Multi-Purpose Room	<input type="checkbox"/> Stage Lights	Sub Total: \$
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Tables; How many?	<input type="checkbox"/> Liability Policy Received
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Entered in Calendar

Organization Information

Organization Name/User: _____

Address (Street, City, State, Zip): _____

Contact Person: _____ Email: _____

Phone - Business: _____ Home: _____ Cell: _____

Contact Person at Event: _____ Cell Phone: _____

It is understood as the school employee I am responsible to be in attendance during the duration of the event and supervision of the activity.

KPS Employee Name (Printed)

KPS Employee Signature

KPS Employee Phone (day of event)

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. I have read the "Use of District Facilities" guidelines, available at www.kpschools.com (located under forms), understand and agree to them and agree to follow the guidelines established. **Maintenance Supervisor: Rob Reese 231-564-0148 and Custodial Supervisor: Samantha Upthegrove 231-357-5738**

Signature of Requestor/User*

Principal Approval

(Pending fees/availability, determined by designee)

Superintendent/Designee Approval