

**Almont Community Schools  
Building Use**

TO: Debbie Kosinski @ Central Office 810-673-9100  
[dkosinski@almontschools.org](mailto:dkosinski@almontschools.org) Fax 810-798-2367

Date request submitted \_\_\_\_\_

Name of Person in Charge/Organization Name: \_\_\_\_\_

We seek permission to use the following school facilities:

School Building: \_\_\_\_\_ Room/Place \_\_\_\_\_

Purpose: \_\_\_\_\_ Is this a fundraiser? \_\_\_\_\_

If for a season or extended period, state the beginning and ending dates (note any exceptions)

Day(s)	Date(s)	Time(s) Beginning and End
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We will enter the Building at \_\_\_\_\_ We will leave the Building at \_\_\_\_\_  
(time) (time)

We (will) (will not) charge an admission fee. We expect an attendance of approximately \_\_\_\_\_ persons

We require the use of the following equipment:

- \_\_\_\_\_ Stage
- \_\_\_\_\_ Kitchen Access
- \_\_\_\_\_ Piano (on Stage) (on floor)
- \_\_\_\_\_ Projector
- \_\_\_\_\_ Ticket Table and Chair
- \_\_\_\_\_ Folding Chairs (how many?)
- \_\_\_\_\_ Folding Tables (how many?)
- \_\_\_\_\_ Other (List under Additional Information)

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In case of emergency please call Jason Frederick at 810-656-9147)

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 requested facility is needed for a school activity. Also, when school is scheduled for a half day or no school for students, building use will not be available.

If 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. Further, in accordance with State requirement and Board policy, we agree that there shall be no use of tobacco or controlled substances in the school building.

Signature/Date \_\_\_\_\_ Name of Organization/person/group \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ I have read the Building Use Procedures and agree to and understand the terms of the agreement.

Billing Address

**THIS SPACE FOR DISTRICT USE**

This request has been granted and approved. See conditions as set forth below.

Rental \$ \_\_\_\_\_ Other Fees \$ \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_ Due by: \_\_\_\_\_ Remainder Due by: \_\_\_\_\_

*Make checks payable to: Almont Community Schools*

Conditions:

This request has NOT been granted for the following reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization Contacted \_\_\_\_\_  
Rev 5/23/22