



Johannesburg-Lewiston Area Schools

10854 M-32 • JOHANNESBURG, MI 49751 • (989) 732-1773 • FAX: (989) 732-6556

BUILDING USE FORM

Date of Application: _____

Date(s) of Use: _____

Time (beginning and ending): _____

Name of Organization: _____

Address: _____

Phone Number: _____

Contact Person Name: _____

Phone: _____

Purpose of use: _____

Facilities desired: _____

Equipment request: _____

Equipment must be returned cleaned and in same condition as found. Any damages will result in fees.

Building Key:

_____ We will need a key to the building (\$50 fee if not returned by agreed upon date).

_____ We will NOT need a key to the building.

Charges may apply for use of equipment and/or custodial hours.

***If using the cafeteria, floor must be swept and tables washed after every use.**

***If using the kitchen, you must contact the head cook prior to use (989) 732-1773 ext. 2113**

OFFICE USE	
Key # _____	Return due date: _____ (\$50 fee for lost key)
Use fee: _____	
Equipment fee: _____	Equipment returned (date): _____
Custodian hours: _____ to _____	Rate: \$25.00 per hour
Authorized by: _____	
Copied to Cafeteria: _____	Copied to Custodian: _____

We agree to abide by all policies and regulations as set by the school and the terms of this contract. All state and federal laws will be obeyed.

Signature

Date