

Houghton Elementary School

Building Use Application

Office # (906) 482-0456

Fax # (906) 487-5941

Our organization has read the guidelines from the district and agrees to abide by them in order to use the facility. Our request is as follows:

Organization _____

Contact Person (please print) _____

Phone (day) _____ **(evening)** _____

Email address _____

Number of people in the group: _____ **adults** _____ **children**

Type of accommodations desired (check one)

_____ Classroom _____ kitchen _____ gymnasium _____ multipurpose room

If possible we would like to use the _____ classroom

Reason for this request _____

Month/Day/Time requested

Day of Week _____ Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Day of Week _____ Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Day of Week _____ Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Day of Week _____ Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Day of Week _____ Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

If additional space is needed, please write on the back of this form.

Frequency _____ once _____ weekly _____ bi-weekly _____ monthly _____ bi-monthly

Other information _____

Signed _____ Date _____

Office use only

Initials of approval from school personnel _____ Room assigned: _____

All dates entered into log book and notified contact person regarding this request _____ (initials) _____ (date)