



LAKEVIEW PUBLIC SCHOOLS

27575 Harper Avenue, St. Clair Shores, MI 48081
(586) 445-4000, ext. 2504

FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext 2750
 Address: LHS Email: jthompson@scslakeview-k12.com
 Organization: JMS Band Number Attending: 50
 Activity: JMS Band Clinic
 Event Date: July 23-27, 2018 Event Time (start/end): 12pm-3pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field _____
 Athletics-JMS: Football Field Softball Field Tennis Courts _____
 Athletics-LHS: Football Field Track _____
 Auditorium-LHS: Dressing Room(s) Lobby Stage _____
 Cafeteria: SELECT BLDG For LHS specify: Large Small Both _____
 Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____
 Custodian:* SELECT BLDG YES NO Time Needed (start/end): trash clean up after 3pm _____
 Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool _____
 Locker Rooms-JMS: Female PE Male PE _____
 Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity _____
 Media Center: SELECT BLDG YES NO _____
 Music-JMS: Band/Orchestra Room _____
 Music-LHS: Band/Orchestra Room Choir Room _____
 Room 111 (A19)-LHS: YES NO _____

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:

Responsible Person
Signature:




Date: 6/16/18
Date: 6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-k12.com
 Organization: LHS Band Number Attending: 350
 Activity: Fall Concert
 Event Date: Oct. 17, 2018 Event Time (start/end): 7pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field _____

Athletics-JMS: Football Field Softball Field Tennis Courts _____

Athletics-LHS: Football Field Track _____

Auditorium-LHS: Dressing Room(s) Lobby Stage _____

Cafeteria: SELECT BLDG For LHS specify: Large Small Both _____

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool _____

Locker Rooms-JMS: Female PE Male PE _____

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity _____

Media Center: SELECT BLDG YES NO _____

Music-JMS: Band/Orchestra Room _____

Music-LHS: Band/Orchestra Room Choir Room _____

Room 111 (A19)-LHS: YES NO _____

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person
Signature: _____

Date: 6/6/18
Date: 6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
jthompson@scslakeview-
Address: LHS Email: k12.com
Organization: JMS Band Number Attending: 350
Activity: Fall Concert
Event Date: Oct. 18, 2018 Event Time (start/end): 7pm-9pm

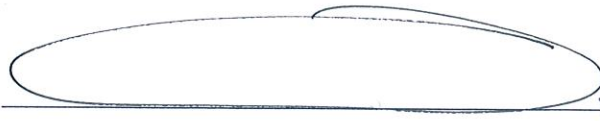
FACILITY TO BE USED:

COST

Athletics-Princeton:	Baseball Field <input type="checkbox"/>	_____
Athletics-JMS:	Football Field <input type="checkbox"/> Softball Field <input type="checkbox"/> Tennis Courts <input type="checkbox"/>	_____
Athletics-LHS:	Football Field <input type="checkbox"/> Track <input type="checkbox"/>	_____
Auditorium-LHS:	Dressing Room(s) <input type="checkbox"/> Lobby <input checked="" type="checkbox"/> Stage <input checked="" type="checkbox"/>	_____
Cafeteria:	SELECT BLDG For LHS specify: Large <input type="checkbox"/> Small <input type="checkbox"/> Both <input type="checkbox"/>	_____
Classroom(s):	SELECT BLDG YES <input type="checkbox"/> NO <input type="checkbox"/> Room Numbers Requested: _____	_____
Custodian:*	SELECT BLDG YES <input type="checkbox"/> NO <input type="checkbox"/> Time Needed (start/end): _____	_____
Gym Facilities:	SELECT BLDG For LHS specify: Auxiliary Gym <input type="checkbox"/> Main Gym <input type="checkbox"/> Pool <input type="checkbox"/>	_____
Locker Rooms-JMS:	Female PE <input type="checkbox"/> Male PE <input type="checkbox"/>	_____
Locker Rooms-LHS:	Female PE <input type="checkbox"/> Male PE <input type="checkbox"/> Female Varsity <input type="checkbox"/> Male Varsity <input type="checkbox"/>	_____
Media Center:	SELECT BLDG YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Music-JMS:	Band/Orchestra Room <input type="checkbox"/>	_____
Music-LHS:	Band/Orchestra Room <input checked="" type="checkbox"/> Choir Room <input checked="" type="checkbox"/>	_____
Room 111 (A19)-LHS:	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
TOTAL COST		_____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

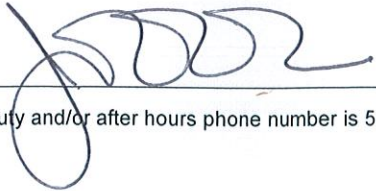
Responsible Person
Signature: _____



Date: _____
Date: _____

Jodi Thompson 4/6/18

Principal Signature:



A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a horizontal line.

6/10/18

*Custodial Services include clean-up; Custodian on-duty and/or after hours phone number is 586-634-5089.



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-
 Organization: LHS Band Number Attending: 350
 Activity: Winter Concert
 Event Date: Dec. 18, 2018 Event Time (start/end): 7pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field _____

Athletics-JMS: Football Field Softball Field Tennis Courts _____

Athletics-LHS: Football Field Track _____

Auditorium-LHS: Dressing Room(s) Lobby Stage _____

Cafeteria: SELECT BLDG For LHS specify: Large Small Both _____

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool _____

Locker Rooms-JMS: Female PE Male PE _____

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity _____

Media Center: SELECT BLDG YES NO _____

Music-JMS: Band/Orchestra Room _____

Music-LHS: Band/Orchestra Room Choir Room _____

Room 111 (A19)-LHS: YES NO _____

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person
Signature: _____




Date: _____
Date: _____

6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-
 Organization: JMS Band Number Attending: 350
 Activity: Winter Concert
 Event Date: Dec. 19, 2018 Event Time (start/end): 7pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field

Athletics-JMS: Football Field Softball Field Tennis Courts

Athletics-LHS: Football Field Track

Auditorium-LHS: Dressing Room(s) Lobby Stage

Cafeteria: SELECT BLDG For LHS specify: Large Small Both

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool

Locker Rooms-JMS: Female PE Male PE

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity

Media Center: SELECT BLDG YES NO

Music-JMS: Band/Orchestra Room

Music-LHS: Band/Orchestra Room Choir Room

Room 111 (A19)-LHS: YES NO

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person
Signature: _____

Date: 6/6/18
Date: _____

6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-k12.com
 Organization: JMS/LHS BAnd Number Attending: 350
 Activity: Prefestival Concert
 Event Date: Feb 21, 2019 Event Time (start/end): 6:30pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field

Athletics-JMS: Football Field Softball Field Tennis Courts

Athletics-LHS: Football Field Track

Auditorium-LHS: Dressing Room(s) Lobby Stage

Cafeteria: SELECT BLDG For LHS specify: Large Small Both

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool

Locker Rooms-JMS: Female PE Male PE

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity

Media Center: SELECT BLDG YES NO

Music-JMS: Band/Orchestra Room


Music-LHS: Band/Orchestra Room Choir Room

Room 111 (A19)-LHS: YES NO

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person
Signature: _____




Date: 6/6/18
Date: 6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-k12.com
 Organization: LHS Band & Choir Number Attending: 350
 Activity: Spring Concert
 Event Date: May 13, 2019 Event Time (start/end): 7pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field

Athletics-JMS: Football Field Softball Field Tennis Courts

Athletics-LHS: Football Field Track

Auditorium-LHS: Dressing Room(s) Lobby Stage

Cafeteria: SELECT BLDG For LHS specify: Large Small Both

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool

Locker Rooms-JMS: Female PE Male PE

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity

Media Center: SELECT BLDG YES NO

Music-JMS: Band/Orchestra Room

Music-LHS: Band/Orchestra Room Choir Room

Room 111 (A19)-LHS: YES NO

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person Signature: 

Date: 6/6/18
 Date: 6/6/18



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FACILITY USE FORM

Contact Person: Jodi Thompson Phone: ext. 2750
 Address: LHS Email: jthompson@scslakeview-
 Organization: JMS BAnd Number Attending: 350
 Activity: Spring Concert
 Event Date: May 15, 2019 Event Time (start/end): 7pm-9pm

FACILITY TO BE USED:

COST

Athletics-Princeton: Baseball Field _____

Athletics-JMS: Football Field Softball Field Tennis Courts _____

Athletics-LHS: Football Field Track _____

Auditorium-LHS: Dressing Room(s) Lobby Stage _____

Cafeteria: SELECT BLDG For LHS specify: Large Small Both _____

Classroom(s): SELECT BLDG YES NO Room Numbers Requested: _____

Custodian*: SELECT BLDG YES NO Time Needed (start/end): _____

Gym Facilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool _____

Locker Rooms-JMS: Female PE Male PE _____

Locker Rooms-LHS: Female PE Male PE Female Varsity Male Varsity _____

Media Center: SELECT BLDG YES NO _____

Music-JMS: Band/Orchestra Room _____

Music-LHS: Band/Orchestra Room Choir Room _____

Room 111 (A19)-LHS: YES NO _____

TOTAL COST _____

Please list any equipment or special accommodations that are needed for this activity:
Four white tables and 8 chairs in the lobby.

Responsible Person
Signature: _____

Date: 6/6/18
Date: 6/6/18