

## **LAKEVIEW PUBLIC SCHOOLS**

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

## **FACILITY USE FORM**

Contact Person: Julie Hur		phries		Phone: 2722	
Address:		-		Email:	
Organization:	Dance Cla	ss spring semester	17 · · · · · · · · · · · · · · · · · · ·	Number Attending:	
Activity:	dance clas	dance class			
Event Date:	1/28/18 -	6/12/19 E	event Time (start/end):	9:30-10:00am	
10-3/	5 3/38 4	8 4/17 4/5/21			
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 ⊠			0
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:	acilities: SELECT BLDG For LHS specify: Auxiliary Gym Main Gym Pool				<i>2</i>
Locker Rooms-JMS:		Female PE Male PE			
Locker Rooms-LHS:		Female PE			
Media Center:	SELECT BLDG	CT BLDG YES NO			
Music-JMS:		Band/Orchestra Room			
Music-LHS:		Band/Orchestra Room Choir Room			
Room 111 (A19)-LHS:		YES NO	TOT	AL COOT	
			ТОТ	AL COST	0
Please list any equipment or special accommodations that are needed for this activity: just being able to turn the lights on the stage					
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Responsible Po	erson			Date:	
Principal Signa	iture:	MILL	Q JA	Date: 12/6//	18