

BLOOMINGTON HIGH SCHOOL NORTH – Facility Requests for coaches outside of MCCSC e-mail accounts

COMMUNITY USE

To request facility use at BHS North click on the link below:

<https://www.communityuse.com/default.asp?acctnum=235516663>

BHSN calendar of events will appear and you can view all the events that have been scheduled by month, week, day, or event from the HOME tab. The DOCUMENTS tab has the required facility use form that must be completed and sent by e-mail to .

If this is your first online request you will need to set up an account by clicking in the upper right hand corner of the page:

Monroe County Community School Corporation

Welcome Guest! [Log in to Request Facility Use](#)

[Monroe County Community School Corporation](#)



Don't have an account? [Create One.](#)

Email Address:

Password:

[Log In](#) [Forgot Password?](#)

- To create an account, please enter your e-mail address and password and click on **Create One**. You will be directed to the Terms and Conditions page, please read and agree to the information provided on the form. Then,
 - click Agree and Register.

Step 1 of 3: Profile Page:

You will be directed to the Personal Profile page, complete the required fields and Save & Next

Step 2 of 3: Request Organization:

Complete the Organization Name and Address – you can add your organization for later use or Save & Next

Step 3 of 3: Request Confirmation:

Review the information and Submit Requests

Your organization will be reviewed and added to the request line within a couple days. You will be notified by e-mail and may submit requests for facility use after your organization has been added to the system.

THIS PROCESS WILL ONLY BE REQUESTED ONCE PER ORGANIZATION

After your organization is approved – you are ready to submit facility requests, which will be sent to an MCCSC/BHSN employee for approval. (Andy Hodson or Marcus Debro)

TO SUBMIT A FACILITY REQUEST, AFTER YOUR ORGANIZATION HAS BEEN APPROVED – SEE THE FORM AND INSTRUCTIONS BELOW

Welcome Your name will be here! [Click here to Log Out](#)

[Monroe County Community School Corporation](#)



[Home](#) [Request Facility Use](#) [My Organizations](#) [My Settings](#) [Documents](#) [Help](#)

Search for

- View event titles starting with:
- View All Organizations---
- View All Locations---
- Filter Starting: 7/17/2014
- View All Organization Type--
- Description:
- Filter
- View All



- To submit a request – Click on the REQUEST FACILITY USE tab
- [Home](#) [Request Facility Use](#) [My Organizations](#) [My Settings](#) [Documents](#) [Help](#)

Search for

Complete the form beginning with name

EVENT TITLE – Should always begin with the first three letters of the School Name – NOR- Event

EVENT DESCRIPTION – List as much additional information there as possible

LOCATION – drop down box has the location of MCCSC facilities available

ROOMS- choose from the drop down box

EVENT DATE- Select up to 20 events that will be using the same room and same time for each day. Please be sure to select the appropriate time box for AM or PM. You can Check Availability for the facility in the box below the start and end time.

ADDITIONAL INFORMATION – not required

ORGANIZATION INFORMATION – Select and complete contact information & insurance information

SETUP REQUIREMENTS- supplies details to support staff for custodial and maintenance staff, description required

EVENT INFORMATION- submit the total attending, other information that maybe helpful, enter your e-mail in the signature box and click to confirm [terms and conditions](#) – then submit

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• **CommunityUse –COMPLETED FORM EXAMPLE BELOW**

First Name Last Name

Email

Please be yourself, click [here](#) if you are not Debra Moore

Event Title

ALWAYS BEGIN EVENT TITLE WITH THE FIRST THREE LETTERS OF THE FACILITY

Event Description

Area

Location

Rooms
LGI Room
Atrium
Auditorium/stage
Auxiliary Gym

(Use the CTRL key to select multiple rooms.)

Event Date(s)

Note: The maximum event dates for each normal schedule is 20.
Recurring schedules do not have this limitation.

Start Time End Time

Setup Begin Time Breakdown End Time

Duration hours minutes. Spans over days. **PLEASE CHECK THE AM AND PM BOXES**

Organization Information

Organization Athletics Note

Contact Name or new Type -- Select Organization Type --

First Name coach Last Name knight

Email coachknight@mccsc.edu Day-Time Phone 8123455555

Evening Phone Cellular Phone

Billing Address facility address - this should populate itself after the first event

Use Organization Billing Address

Document Number (e.g. contract or permit number)

PO Number

Insurance Information

Company not necessary for MCCSC event

Company Policy No

Coverage

Coverage Dates To

Setup Requirements **THIS INFORMATION WILL BE SENT TO THE CUSTODIAL OR MAINTENANCE STAFF, SO COMPLETE DESCRIPTION IN DETAIL IF REQUIRED**

Required Maintenance Services

Bleachers

Catering

Service description

pull out low er level bleachers

Computer Services

Custodial

Event Setup

Food Services

Heating/Ventilation /Air Conditioning

appropriate temp for w eather

Key and Lock

Lighting

Sound System

Number Attending

Number of Adults

Number of Children

Number of extra chairs

Number of parking spaces

Other Needs

Event Visibility

Yes, Please display events on the facilities use calendar

Yes

No

SIGNATURE
 E-MAIL ADDRESS

I CONFIRM THAT I HAVE PREVIOUSLY READ AND AGRE WITH THE TERMS AND CONDITIONS OF FACILITES USE

Submit