

Chippewa Valley Schools Community Use of School Facilities/Grounds

Date of Application _____	Schedule Number _____
Contact Name (Print) _____	GROUP TYPE (circle) 1 2 3 4
Organization Name _____	
Street Address _____	City/State/Zip _____
Phone # _____	2nd Phone # _____
E-mail Address _____	
Contact Name / Email / Phone # - for billing responsibility (if different than Contact above) _____	

Event Title _____

Building Requested _____

Room(s) _____

Date(s) _____ Day of week Sun Mon Tue Wed Thur Fri Sat

Set up start time AM PM Event start time AM PM

Event end time AM PM Clean up end time AM PM

Recurrence (Weekly, 3rd Thurs., Monthly, etc.) _____

Start Date _____ End date _____

Approx # Attending _____ Is there an admission charge for event?

Yes	No
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Extra Custodial Needs (Extra Chairs/Tables, etc.) _____

Is Food Being Served?	Yes	No	Is kitchen access required?	Yes	No
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Organization contact is to call 586-723-2110 to confirm kitchen use at least 4 weeks before event. Kitchen use will be billed separately (if applicable)

SPECIAL INSTRUCTIONS If invoiced prior to event, all invoices required to be paid in full 14 days prior to event.

Send all payments & copy of invoice to: Chippewa Valley Schools, Attn: Marie Danford, 19120 Cass Avenue, Clinton Twp., MI 48038.

In signing this form, I certify that I have read the Chippewa Valley School District Facility Use document that is attached to this form. I agree to strictly observe these guidelines and I accept responsibility for the enforcement of them. I agree to protect the premises and indemnify the District for any damage due to the occupancy of the building covered by this permit. I understand and agree that this permit may be revoked or cancelled at any time, with or without cause, and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. Liability: As user, I agree to assume full responsibility for injury to persons and damage to property during the time facilities are used under this agreement.

Signature of Contact / Applicant _____			Phone # _____		
BELOW LINE FOR MAINTENANCE SECRETARY USE ONLY					
Type of Fee	# Hours	Fee Per Hour	Sub-total		
Facility Fee					
Equipment Fee					
Custodial Fee					
(Any additional fees not previously invoiced, will be billed after event)				Estimated Total	

Building Administrator Signature _____	Title _____	Date _____	Business Department Signature _____	Title _____	Date _____
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Hold Harmless received ____ Insurance received ____