

REED CITY AREA PUBLIC SCHOOLS

Every Student, Every Day...Commit, Succeed, and Lead

Administrative Office

225 W. Church Avenue, Suite A • Reed City, MI 49677
Phone 231.832.2201 Fax 231.832.2202 www.reedcityschools.org

3304-F Facilities Use Request Form

| Requester Name ("Requester"): | | | | |
|--|---|------|--|--|
| Organization Name ("Organization"), if applicable: | : | | | |
| Requester's Position within Organization: | | | | |
| Address: | | | | |
| Phone Number: Email: | | | | |
| Type of Group: ☐ Student Group ☐ Non-Curricular Education Group ☐ Non-Student Group | up | | | |
| Is your organization a registered 501(c)(3) or other nonprofit? | | □ No | | |
| Is your organization a governmental body? | □ Yes | □ No | | |
| Description of Requested Use: | | | | |
| | | | | |
| Date of Requested Use:Approx | ximate Number of Attendees: | | | |
| Start Time: End Time: | | | | |
| Facilities/Room(s) Requested: | | | | |
| Additional Requests: □ Equipment □ Custodial (set up, tear de □ Kitchen (cooking, serving □ Technology (sound, light □ Miscellaneous/Special R | lown, cleaning) ig, cleaning) ting) | | | |
| If yes to any, please describe: | | | | |

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| Will a fee be charged for admission a | and/or parking? | | □ Yes | | No |
|---|---|--|---|---|---------------------------|
| Name of Supervising Adult (if other t | han Requester): _ | | | | |
| As the Supervising Adult, I have r Property. I will abide by, and I will en of that Policy. | | • | • | | |
| I understand that submitting this requeroperty. I will not access District faccess by individuals affiliated with the permission from the Superintendent | acilities related to the Organization (if | this request, n | or will I all | ow s | uch |
| I acknowledge that: (i) student ground have to pay a fee to use the request supervise the event, maintain order primarily responsible for any damage (v) I may be required to provide property. Both for myself and the Ohold harmless the District from any pof the use(s) requested herein. | ed District facilities and safety, and pecaused to District proof of adequate rganization (if app | r; (iii) I am primorotect District property relate insurance be licable), I agre | arily responsible property; and to the every to the every efore using the every end of the | nsibl (iv) I vent; Dis nify | e to am and tric |
| Signature: | | Date: | | | |