

## Chippewa Valley Schools Community Use of School Facilities/Grounds

Date of Application \_\_\_\_\_

Contact Name (Print) \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip 5

Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Name / Email / Phone # - for billing responsibility (if different than Contact above) \_\_\_\_\_

Schedule Number _____
GROUP TYPE (circle)    1    2    3    4

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

Extra Custodial Needs (Extra Chairs/Tables, etc.) \_\_\_\_\_

Is Food Being Served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is kitchen access required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

Hold Harmless received _____ Insurance received _____
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