

Chippewa Valley Schools
Community Use of School Facilities/Grounds

Date of Application		Schedule Number	
Organization		Troop, Den, Pack#/Name	
Contact Name (Printed)		GROUP TYPE	1 2 3 4
Street Address		City/State/Zip	
Phone #		2nd Phone #	
E-mail Address			
Contact Name / Address / Phone # - for billing responsibility			

Event	
Building	
Room(s)	
Date(s)	Day of Week _____ Saturday _____

Recurrence (Weekly, 3rd Thurs., Monthly, etc.)				
Start Time _____	End Time _____	Total Hours _____	Circle One	
Approx # Attending _____	Is There an Admission Charge for the Event?		Yes	No

Extra Custodial Needs (Extra Chairs/Tables, etc.)			
Is Food Being Served?	Yes <input type="checkbox"/> No <input type="checkbox"/> Circle One	Is kitchen access required?	Yes <input type="checkbox"/> No <input type="checkbox"/> Circle One
Other Notes: _____ _____			

Type of Fee	Hours	Fee Per Hour	
Facility Fee	_____	\$ _____	_____
Equipment Fee	_____	\$ _____	_____
Custodial Fee	_____	\$ _____	_____
Cafeteria Fee	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
			Total \$ _____ -

SPECIAL INSTRUCTIONS

All fees due in full 10 days prior to event. Send all payments to Chippewa Valley Schools, Attn: Business Office, 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 Applicant	Address	City/State ZIP	Phone #	
Building Administrator Signature	Title	Date	Business Department Signature	
Hold Harmless _____	Insurance _____	Schedule # _____	Invoice _____	Payment _____