

**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? <table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| Extra Custodial Needs (Extra Chairs/Tables, etc.) _____ | | | |

| | | | | | | | | | |
|--|---|-----|--|----|------------------------------------|---|-----|--|----|
| Is Food Being Served? | <table border="1"><tr><td>Yes</td></tr></table> | Yes | <table border="1"><tr><td>No</td></tr></table> | No | Is kitchen access required? | <table border="1"><tr><td>Yes</td></tr></table> | Yes | <table border="1"><tr><td>No</td></tr></table> | No |
| Yes | | | | | | | | | |
| No | | | | | | | | | |
| Yes | | | | | | | | | |
| 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 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> |

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