

School Facilities Use Request

Evart Public Schools
P.O. Box 917
Evart, Michigan 49631

We require at least 7 days advanced notice for facility usage.

Name of Organization/Group _____ Today's Date _____

Type/Purpose of Activity _____

Facility Requested: _____ Elementary School _____ Middle School _____ High School _____ Community Ed.
Room Requested: _____ Gym _____ Cafeteria _____ Kitchen _____ Library _____ Classroom
Band Room _____ Auditorium _____ Computer Lab _____ Other _____

Day/Date needed: From _____ To: _____

_____ weekly _____ monthly _____ one time only _____ other _____

Time needed: From: _____ (am/pm) To: _____ (am/pm)

Custodian Needed: _____ Yes _____ No _____ Custodial Costs \$ _____

Special needs: _____

Comments: _____

NOTE: The room/equipment is to be left in the same condition as it was found. It is understood that the requester assumes all responsibility for the condition of all facilities and items requested and/or used and will reimburse Evart Public Schools in the amount of the damage, repair or replacement cost. Applicant agrees to save harmless the Evart School District, Osceola County, Michigan, its Board of Education, Evart Community Education Director, and Superintendent of Schools, from all claims of liability for personal injuries due to any alleged defects in the construction of said premises during the period used.

I, the undersigned, agree to the above conditions:

Signature _____

Address _____

Telephone _____

Approval:

Community Education Director

Building Principal

Superintendent

() Approved () Not Approved () Entered on calendar Initials/Date _____

White-Client / Yellow-Custodian / Pink-Principal / Goldenrod-Central Office
Deposits of \$100.00 are required for certain activities.