## **Grass Lake Community Schools**

Attn: Community Services 899 South Union St. , Grass Lake, MI 49240 Phone: (517) 867-5544 - Fax (517) 522-8195

Current Date	
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## **APPLICATION FOR USE/RENTAL OF SCHOOL FACILITIES**

Name of Organization	
Type of Group (Select One)	
Individual Responsible for Event	
Address	Phone Number
City, State	E-Mail
Requested Date(s)	Start Time End Time
Building Requested	Space Requested
Description of Event	
Candles, or open flames, will be	used during this event If yes, Community Services Director will gain approval from the local Fire Marshall and School Superintendent.
Attendance Expected	Admission Charge
*If fund raising event, proceeds \	will be used for benefit of
It is hereby agreed, if approval is responsible for any bodily injury fixtures or other articles therein.	d guidelines on which this agreement is based. Please read prior to signing this form. granted, that the Board of Education of the Grass Lake Community Schools will not be sustained, for damage to said school facilities, or the loss or damage to any furniture, It is further agreed by the undersigned that said organization will save and hold the Grass of Education harmless of an from any and all loss, damage or injury which it might sustain or s whomsoever.
Signature & Title	
Submit completed form by:	1. Print, sign and mail form to the address at the top of the page, OR 2. Print, sign and fax the form to the Community Services Office at 517-522-8195
SCHOOL RESERVES THE	ACTIVITIES AND SPORTS TAKE PRIORITY OVER OUTSIDE GROUPS. THE ERIGHT TO CANCEL OR RESCHEDULE YOUR ACTIVITY IF THE FACILITIES ARE NEEDED FOR A SCHOOL TEAM OR ACTIVITY.

**Building Principal Approval** 

Date

**Superintendent Approval** 

Date