

Series 3000: Operations, Finance, and Property

3300 Facilities, Real, and Personal Property

3304-F Facilities Use Request Form

Requester Name ("Requester"): _____

Organization Name ("Organization"), if applicable: _____

Requester's Position within Organization: _____

Address: _____

Phone Number: _____ Email: _____

- Type of Group: Student Group
 Non-Curricular Education Group
 Non-Student Group

Is your organization a registered 501(c)(3) or other nonprofit? Yes No

Is your organization a governmental body? Yes No

Description of Requested Use: _____

Date of Requested Use: _____ Approximate Number of Attendees: _____

Start Time: _____ End Time: _____

Facilities/Room(s) Requested: _____

- Additional Requests: Equipment
 Custodial (set up, tear down, cleaning)
 Kitchen (cooking, serving, cleaning)
 Technology (sound, lighting)
 Miscellaneous/Special Requests

If yes to any, please describe: _____

Will a fee be charged for admission and/or parking? Yes No

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Name of Supervising Adult (if other than Requester): _____

As the Supervising Adult, I have read and understand Policy 3304, Use of District Property. I will abide by, and I will ensure that all permitted attendees abide by, the terms of that Policy.

I understand that submitting this request does not guarantee my requested use of District property. I will not access District facilities related to this request, nor will I allow such access by individuals affiliated with the Organization (if applicable), without first obtaining permission from the Superintendent or designee.

I acknowledge that: (i) student groups take priority over non-student groups; (ii) I may have to pay a fee to use the requested District facilities; (iii) I am primarily responsible to supervise the event, maintain order and safety, and protect District property; (iv) I am primarily responsible for any damage caused to District property related to the event; and (v) I may be required to provide proof of adequate insurance before using District property. Both for myself and the Organization (if applicable), I agree to indemnify and hold harmless the District from any personal injury or property damage incurred because of the use(s) requested herein.

I acknowledge receiving notice about how to request access to any building, facility, and/or program where any person with a disability encounters limitations to being able to fully access the use District buildings, facilities, and/or programs. Upon request to the Superintendent, or designee, as listed below, the District shall make reasonable accommodation for a person with disabilities to be able to fully participate in any event taking place on District property. Requests of such nature for access to any building, facility, and/or program should be directed to the Superintendent or designee below:

Director of Operations
Attn: John Winkas
3255 E. Pontaluna Rd.
Fruitport, MI 49415
Email: jwinkas@fruitportschools.net
Phone: (231) 865-3196

Superintendent
Attn: Jason Kennedy
3255 E. Pontaluna Rd.
Fruitport, MI 49415
Email: jkennedy@fruitportschools.net
Phone: (231) 865-3154

Signature: _____ Date: _____