

Date of Application: \_\_\_\_\_

Rev. 2020

## APPLICATION FOR USE OF DOWAGIAC SCHOOLS FACILITIES

243 S. Front Street • Dowagiac MI 49047 • (269) 782-4400 phone • (269) 782-4418 fax

|  |                       |                     |                 |
|--|-----------------------|---------------------|-----------------|
| <b>BUILDING REQUESTED:</b>   |                       | Requested Date(s):  | Day(s) of Week: |
| Adult in charge:   |                       | Email:              |                 |
| Address:   |                       | Phone:              |                 |
| Organization:  |                       |                     |                 |
| Purpose of use:  |                       |                     |                 |
| Specific Room(s) requested:<br><input type="checkbox"/> Auxiliary Gym <input type="checkbox"/> Competition Gym <input type="checkbox"/> Media Center <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classrooms [specify]:<br><input type="checkbox"/> Use of Kitchen Facilities (additional charges may apply*) |                       |                     |                 |
| Time Building will be Open:  | Time Activity Begins: | Time Activity Ends: |                 |
| Time Building will be Closed:  | Additional comments:  |                     |                 |

- |  |   |
|--|---|
| <p>1. School activities supercede all contracts.</p> <p>2. No food or beverages allowed except in designated areas.</p> <p>3. No Smoking allowed in the buildings. (Designated areas outdoors on Sat., Sunday and after 6:00 pm.)</p> <p>4. Rental group will perform general clean-up of area used.</p> | <p>5. Rental group is responsible for any damages and liable for any injuries that may occur.</p> <p>6. <b>Group must submit a "Certificate of Insurance."</b></p> <p>7. Children must be supervised and not left unattended in halls or classrooms .</p> |
|--|---|

\*A Food Service staff person will be required to supervise when use of the kitchen facilities/equipment is requested. The Food Service Director will make this determination and if any charges may apply.

### EQUIPMENT NEEDED

|           |           |                  |
|-----------|-----------|------------------|
| Tables #: | Chairs #: | Other (explain): |
|           |           |                  |

| Building Rental Fee: |  | Cost (amounts shown are estimation only) |    |
|----------------------|--|--|----|
| Charges/Custodian:   | If applicable, charges taken directly from timecard. (\$ x1½ for Sat & x2 Sun) = hours total | Building Rental Fee                      | \$ |
|                      |  | Custodian Charges                        | \$ |
|                      |  | Snow removal @ \$50/hr.                  | \$ |
| Other:               |  | Other                                    | \$ |
|                      |  | <b>TOTAL</b>                             | \$ |
|                      |  | Deposit/Advance \$100 deposit required.  | \$ |
|                      |  | <b>TOTAL DUE</b>                         | \$ |

I have read the terms herein and will fully comply with such terms.

Authorized Official of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Approved    Not Approved   \_\_\_\_\_   Date: \_\_\_\_\_  
*Building Principal/Supervisor*

Approved    Not Approved   \_\_\_\_\_   Date: \_\_\_\_\_  
*Athletic Director/Media (if applicable)*

Approved    Not Approved   \_\_\_\_\_   Date: \_\_\_\_\_  
*Maintenance Supervisor / Central Office*

Send to Zoe Michael - [zmichael@dowagiacschools.org](mailto:zmichael@dowagiacschools.org)

Additional Comments: