

BRIDGMAN PUBLIC SCHOOL DISTRICT

Request For Use of School Facilities

Date(s) Facility will be used: _____

Time(s) Facility will be used: _____

Scheduled Starting Time of Performance / Event: _____ Ending Time: _____

Building Requested: _____ High School _____ Middle School _____ Elementary School

Group Making Request _____

Contact Person: _____ Contact Phone: _____

Email Address: _____

Billing Address: _____

Purpose of Facility use: _____

Anticipated number of people attending: _____ Cost of Admission: \$ _____

Areas / Rooms Requested: (check all that apply)

- Gymnasium Locker Rooms Café
- Commons Library Kitchen
- Performing Art Center (PAC) Classroom(s) _____ Other _____

Special Equipment Requested: (check all that apply)

- Folding Chairs - # _____ Projection Screen Bleachers
- Folding Tables - # _____ PA System - portable Scoreboard / Controls
- Lap Boards - # _____ Podium Athletic Equipment
- Microphones - # _____ Risers Food Service equipment
- Sound System - PAC Stage Lighting - PAC Other (please list)

School Personnel Requested for Event:

(School Administration will make the final determination of what personnel are needed)

- Custodian Times / Dates Needed: _____
- Auditorium Staff Times / Dates Needed: _____
- Food Service Times / Dates Needed: _____

I have received and read the regulations for the use of school facilities and hereby agree to indemnify and hold harmless the Bridgman Public Schools from any liability for damage to any person or property in or about the School District premises from any cause whatsoever. All persons or groups using school facilities shall be responsible for the supervision, control and accommodation of persons attending the activity and for the preservation of order. All advertising that is religious in nature must contain the disclaimer, "This event is not endorsed by the Bridgman Public Schools." I understand that I am responsible for any and all costs incurred for custodian staff coverage, food service staff coverage, and / or auditorium staff coverage as required by the District Administration.

Signature of Applicant / Title

Date

Request for Facility Use: **Approved** **Denied** **Class** _____

Rental Fees \$ _____

Tech. Fees \$ _____

Food Service \$ _____

Custodian Fees \$ _____

Key Deposit \$ _____

Signature of Building Principal _____
Date