

COMMUNITY USE OF FACILITY RESERVATION FORM

Name of Group or Organization

Contact Person

Home Phone

Work Phone

Address

City

Zip

Intended Use of the Facility

From:-----AM/PM

To:-----AM/PM

Date(s) of Requested Use

Area(s) Requested (Check all that apply)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> High School Commons | <input type="checkbox"/> Middle School Commons | <input type="checkbox"/> General Classroom | <input type="checkbox"/> Library |
| <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> High School Gym | <input type="checkbox"/> Weight Room | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Edventure Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Tech Ed Room |
| <input type="checkbox"/> Fiber Optic Room | <input type="checkbox"/> Other: _____ | | |

Special Arrangements (Bleachers, chairs, microphones, etc. These will be your responsibility to confirm are ready for event): _____

Check one: I am I am not aware of the School's emergency plans for evacuation or severe weather threat.

Check one: We do We do not want a custodian on duty during the event(s). Additional fees may apply.

Check one (if applicable): I am I am not trained on the kitchen equipment my group will be using.

Check one: We do We do not want kitchen staff on duty during the event(s). Additional fees may apply.

I certify that I am a representative of the above-named group and am authorized to accept the responsibility for observing the rules and regulations of the Drummond Area School District. As the group representative, I will insure the group follows the rules and regulations, and takes the advice of the custodian/supervisor who may be on duty during this facility usage. In accepting this arrangement, the group/organization agrees to hold harmless the Drummond Area School District and its representatives from any and all claims incurred during the use of this facility.

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE DRUMMOND AREA SCHOOL DISTRICT.

Signature of Group Representative

Date

For Office Use Only

Principal's Initials

Dist Calendar Verified

General Fees Payable To District \$_____ (Additional fees may apply)

Date Approved: _____ Date Disapproved: _____

Board of Education or Designee's Signature