

FOR ALL FACILITIES OTHER THAN HIGH SCHOOL AUDITORIUM



Mattawan Consolidated School

56720 Murray Street Mattawan,
Michigan 49071

269-585-3049

facility_use@mattawanschools.org

FACILITY USE FORM

This form must be received a minimum of two weeks in advance of an event and sent to the attention of the Facility Use Coordinator.

DIRECTIONS

- This facility use form must be completed and returned to the attention of the Facility Coordinator at the address listed above at least two weeks prior to a scheduled event.**
- If there are potential fees involved or you have questions, please call 269-585-3049. By doing so, many potential questions such as custodial coverage, heating/cooling charges, kitchen facilities, etc... can be resolved.**

Today's Date: _____		Date(s) you wish to use the facility: _____		Dates: _____		Day(s): _____	
Group requesting use: _____							
Purpose for use: _____							
Person Responsible:		Name _____				Home Phone: _____	
		Address _____				Work Phone: _____	
		City, State, Zip _____				Cell Phone: _____	
		Email Address: _____					
Facility Requested (please place an X in the appropriate box(es):							
HIGH SCHOOL				MIDDLE SCHOOL			
Gym _____		Kitchen* _____		Cafeteria _____		Kitchen* _____	
Cafeteria _____		Conference Room _____		Library _____		Classroom _____	
Library _____		Classroom _____		All Purpose Gym _____		Other _____	
Auditorium STOP! Please Use Auditorium Form		Other _____		Gym _____		Gym _____	
LATER ELEMENTARY SCHOOL				EARLY ELEMENTARY SCHOOL			
Gym _____		Kitchen* _____		Gym _____		Kitchen* _____	
Cafeteria _____		Library _____		Other _____		Library _____	
Other _____		Classroom _____		Cafeteria _____		Classroom _____	
CENTER BUILDING				OUTDOOR FACILITY			
Cafeterium* _____		Classroom _____		Other (please specify) _____			
Gym _____				Pole Building _____			
Other _____							

Approximate number of persons attending event:			
Please State AM or PM	Time facility needed for set-up: _____ AM / PM		Time event actually begins: _____ AM / PM
	Time event ends: _____ AM / PM		Time facility will be clear of group: _____ AM / PM
Specific equipment requested (please circle YES or NO for each item):			
YES	NO	Bleachers	
YES	NO	Microphone / PA System	
YES	NO	Banquet Tables (without seats) - How many?	
YES	NO	Cafeteria Tables (with attached seats) - How many?	
YES	NO	Folding Chairs - How Many?	
YES	NO	Projector	
YES	NO	Kitchen Facilities	
YES	NO	Other	

To the fullest extent permitted by law and to the extent claims, damages, losses or expenses are not covered by Project Management Protective Liability insurance purchased by the Lessee/Renter in accordance with the insurance requirements set forth in this contract, the Lessee/Renter shall indemnify and hold harmless the Owner, the Architect, Architect's consultants, and agents and employees of any of them from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of the Work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the Work itself), but only to the extent caused by the negligent acts or omissions of the Lessee/Renter, a Subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exist as to a party or person described in this Paragraph INDEMNIFICATION/HOLD HARMLESS.

In claims against any person or entity indemnified under this Paragraph INDEMNIFICATION/HOLD HARMLESS by an employee of the Lessee/Renter, a Subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Subparagraph shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the C Lessee/Renter or a Subcontractor under workers' compensation acts, disability benefit acts or other employee benefit acts.

If necessary, please provide a drawing of your preferred room layout on the back side of this form.