

**TECUMSEH PUBLIC SCHOOLS
FACILITY USE REQUEST**

212 N. Ottawa Street, Tecumseh, MI 49286 (517) 423-2167

Date of Filing Request: _____

PLEASE TYPE OR PRINT CLEARLY.

Please allow 14 days for processing this request.

Your approved copy will be returned to you. Always have this permit with you when using the facilities.

BUILDING: _____ ROOMS: _____

Day(s) of week (circle) M TU W TH F SA SU Dates Needed _____

(Include setup & take down times) TIME IN: _____ am/pm TIME OUT: _____ am/pm

⚠ If event is open to public, list actual event times if different from above: _____ Approx. number of people attending _____

Activity: _____ Name of Organization: _____

Permit Holder: _____ Day phone: _____ Night phone: _____

Address: _____

Alternate contact person: _____ Day phone: _____ Night phone: _____

*Principal/Administrator Signature
*Signatures Required

**Permit Holder's Signature
**Signature of permit holder acknowledges having read the rules and is aware that there may be fees associated with this request.

EVENT PLANNING CHECKLIST AND WORKSHEET

<p>ROOM SET UP FEATURES: (Please draw a brief diagram of room set up and features requested)</p> <p><input type="checkbox"/> Classroom Style <input type="checkbox"/> Theater Style <input type="checkbox"/> "U" Shape <input type="checkbox"/> Square Style <input type="checkbox"/> Banquet Style <input type="checkbox"/> As Is <input type="checkbox"/> Other</p> <p>Please list approximately number of chairs and tables needed:</p> <p><input type="checkbox"/> Chairs _____ <input type="checkbox"/> Table (Round Style - 8-person) <input type="checkbox"/> Table (Rectangle Style - 6-person)</p>	<p>AUDIO/VISUAL EQUIPMENT REQUESTED: (Please indicate equipment you are requesting for this function and other description if necessary)</p> <p><input type="checkbox"/> Podium <input type="checkbox"/> Podium With Mounted Microphone <input type="checkbox"/> Lavalier Microphone <input type="checkbox"/> Public Address System <input type="checkbox"/> Overhead Projector / cart <input type="checkbox"/> Screen <input type="checkbox"/> Easel(s) <input type="checkbox"/> Data Projector / cart <input type="checkbox"/> TV/VCR <input type="checkbox"/> Registration Table <input type="checkbox"/> CD Player <input type="checkbox"/> Cassette Player <input type="checkbox"/> Lights* House Lighting* Stage Lighting* Customized Stage Lighting* <input type="checkbox"/> Sound* <input type="checkbox"/> Other (Please be specific): _____</p> <p>Duties Assigned to: _____ Date Information Was Sent To Assigned Person: _____ Sent By: _____</p> <p>*indicates equipment requires technician to operate.</p>
<p>OTHER SPECIFIC REQUESTS: Please detail any other requests for this facility, such as food, cleanup, etc.</p> <p>Duties Assigned to: _____ Date Information Was Sent To Assigned Individual: _____ Sent By: _____</p>	<p align="center">HOLD HARMLESS AGREEMENT</p> <p>It is agreed that in partial consideration for the use of school premises by any group or organization, and as a condition thereof, such group or organization for itself and its members, by acceptance of such use, forever releases and holds the Tecumseh Public Schools harmless from any and all claims for personal injury or property damage whatsoever, and forever releases the Tecumseh Public Schools Board of Education, or any employee for such injury or damage, as well as claims, costs and attorneys' fees thereof, so that no cost or charge can result to the Tecumseh Public Schools in connection with any such injury or property damage. Any questions regarding insurance liabilities shall be referred to the District business manager.</p> <p>Signed: _____</p>

Date Received and Processed: _____

Approved By: _____

Rental Amount: _____

Date Paid: _____ Check/Cash/Charge Card