

FACILITY USE REQUEST
 Saginaw Township Community Schools
 3465 N. Center Rd., Saginaw, MI 48603
 Phone: (989) 797-1847 Fax: 797-1801
 Email: commed@stcs.org

Must be submitted a minimum of five (5) days prior to usage.

Date Submitted _____

Requested School _____

Requested Facility _____

Description of Function _____

Name of Applicant* _____ Group/Organization _____

Address _____ Zip _____ Phone _____

Cell _____ Work _____ E-mail _____

Estimated # of people _____

Will food be served? Yes No Will kitchen be needed? Yes No If kitchen is requested, a supplementary agreement for kitchen use must be completed before authorization to use the facilities will be granted.

Are donations received or admission, tuition, dues or registration fees charged? Yes No

Setup instructions, # of tables, chairs, equipment needs, technical assistance (including audio/video), etc. (add diagram if needed):

Technical assistance requested, including audio and/or video assistance? Yes No

Availability can be checked online at www.stcs.org (Community Calendar) Calendar checked: Yes No

Day(s) of the Week: (circle days) M T W TH F Sat Sun

List Each Specific Date(s): (please use a separate form if different facilities are requested)

Sept. _____ Feb. _____
 Oct. _____ March _____
 Nov. _____ April _____
 Dec. _____ May _____
 Jan. _____ June _____

Time Access Needed _____ Start Time _____ End Time _____ Time Vacated _____

Circle Category Type: I - School II - Comm Ed III IIIB IV V VI

Class III: 3rd Priority - Saginaw Township Recreation Department sponsored youth athletic teams and youth sports camps. (granted by joint use agreement)

See Back Side for Approval Signatures

Class IIIB: 3rd Priority - Saginaw Township Community Schools staff wellness activities (as approved by the Superintendent)

Class IV: 4th Priority - Non-profit/non-STCS school organizations and local groups that have a membership of at least 7 STCS district residents. This includes local governmental agencies that have jurisdiction over areas within the district, service groups, Homeowner Associations, scouts, recreational teams/clubs, and other local groups. Use is limited during the week for activities that begin no sooner than 1 hour after the end of the school day on days in which school is in session and no later than 1 hour before the end of the building's custodial shift.

Class V: 5th Priority - Local community organizations, or groups which have a membership of at least seven (7) STCS district residents that charge a participation fee/entrance fee/tuition/service fee, request donations, or conduct other revenue generating activity in the facility. Use is limited during the week for activities that begin no earlier than 1 hour after the end of the school day on days in which school is in session and no later than 1 hour before the end of the custodial shift.

Class VI: 6th Priority - Commercial user, defined as Non-resident private, for-profit businesses, vendors, or entrepreneurs, shall not routinely be serviced by STCS facilities. Non-STCS resident groups are groups of users composed of a majority of people living outside the District. Approval of all applications in Classification 6 will be based upon the benefits to the District.

* I, the undersigned, am at least 18 years of age, and officially represent the above named group or organization. I have received, read and agree to the regulations, requirements and fees established by STCS and assume total responsibility for the use of the facilities.

On behalf of my organization or group, I agree to save and hold harmless STCS and agree to assume all responsibility for all liabilities arising as a result of facility use. If I represent an organization, I agree to supply STCS with a certificate of liability insurance as follows: proof of Liability/Personal Injury/Bodily Injury and Property Damage Insurance Certificate in the amount of \$1,000,000 per occurrence and having Saginaw Township Community Schools named as "an additional insured" on the policy.

Further, I understand that school activities have priority over all other events.

Applicant's Signature _____ Date _____

Emergency numbers in case building is not open: Steve Elliott office: 989 399-8029 cell: 989 220-9050

----- OFFICE USE ONLY -----

Online District Calendar (www.stcs.org/calendar) checked and dates and times are available for this event/activity prior to presentation for approval: Yes No Date checked: _____

Rental fee rates are found in Community Use of Facilities Regulations. Saturday and Sunday events require an additional 1 hour charge (1/2 hour to open and 1/2 hour to close a facility).

If applicable, Rental fee: _____ # of hours x hourly fee of \$ _____ = \$ _____

If applicable, Kitchen fee: _____ # of hours x hourly fee of \$ _____ = \$ _____

If applicable, Additional fee: _____ # of hours x hourly fee of \$ _____ = \$ _____

Full payment is due three (3) days prior to event by cash, check (payable to STCS) **Total Due** \$ _____ or credit card (unless payment arrangements are made by the Director of Community Services)

- Certificate of insurance information received (for organizations) – see above
- If food is catered, special permit/license received
- Technical assistance requested, including audio and/or video assistance - arranged

Approved: Yes No _____
Administrator Signature Date Approved

Facility not available Adequate parking not available _____

Comments: _____

Copy to Applicant Entered on FS Direct District Calendar Date _____ Initials _____
 * Copy to Business Office (if Certificate of Insurance is required)