

# FACILITY USE REQUEST



**L'ANSE AREA SCHOOLS**  
201 N. 4<sup>th</sup> Street, L'Anse, Michigan 49946  
Phone (906) 524-6000 ~ Fax (906)524-6001

Organization: \_\_\_\_\_  
(Print)

Requesting Person: \_\_\_\_\_  
(Print Name)

Use for: \_\_\_\_\_  
Name / Title of Event

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Request to use:**

- Cafetorium
- Kitchen (Complete *Safe Food Handling* form)
- Board Room
- Classroom
- Yukon / School Vehicle (*Faculty/Staff ONLY*)
- Destination \_\_\_\_\_

- Big (new) Gym
- Old High School Gym
- Elementary Gym
- Other: \_\_\_\_\_

**Date(s) Needed:** \_\_\_\_\_ **Actual Time of Event:** \_\_\_\_\_

Time(s) Needed Including Set up: \_\_\_\_\_ and Clean up: \_\_\_\_\_

\*If more than one date is needed, list dates: \_\_\_\_\_ through \_\_\_\_\_

**Equipment Requested:**

<input type="checkbox"/> P. A. System	<input type="checkbox"/> Overhead Projector & Screen
<input type="checkbox"/> Laptop	<input type="checkbox"/> Internet Guest Access (wireless)
<input type="checkbox"/> Tables/Chairs for _____ person(s)	Guest Wi-Fi Voucher: _____ <small>(OFFICE USE ONLY)</small>
<input type="checkbox"/> ITV Equipment	<input type="checkbox"/> Other _____

Print Names of Supervising Adults: \_\_\_\_\_

**We fully understand and agree to abide by the policies governing the use of the desired facility. It is our responsibility to make restitution for any damages to the building or contents caused by our organization, turn off all lights & equipment, secure all entrances/exits all times & remove trash. We will not hold L'Anse Area Schools responsible or liable for any injury received while our organization is using the facility.**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Student/Internal Activity Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINCIPAL Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Administrator Signature)

Charge(s) \$ \_\_\_\_\_ Kitchen Fee \$ \_\_\_\_\_ PAID: \_\_\_\_\_

CC: Superintendent, 6-12 Principal, K-5 Principal, Athletic Director, Maintenance/Transportation Supervisor, REMC/Technology, Kitchen (Head Cook)

***\*ONLY TO BE COMPLETED IF REQUESTING USE OF KITCHEN FACILITIES\****

L'ANSE AREA SCHOOLS

**"SAFE FOOD HANDLING"**  
***Kitchen Use by School Related Groups***



Requesting Organization: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I will provide training and/or supervision to assure that all Food Safety Regulations are followed for the above listed event.**

Signature:

\_\_\_\_\_

*Food Service Director*

**OR**

\_\_\_\_\_

*Food Service Manager*

Check one option:

\_\_\_\_\_ I am doing this on a voluntary basis

\_\_\_\_\_ I would like to be paid my regular rate of pay for my time in doing this