

FACILITY USE REQUEST



L'ANSE AREA SCHOOLS

201 N. 4th Street, L'Anse, Michigan 49946
Phone (906) 524-6000 ~ Fax (906)524-6001

Organization: _____ (Print) Requesting Person: _____ (Print Name)

Use Facility for: _____ (Name / Title of Event) Phone Number: _____

Email: _____

I hereby request to use:

- | | |
|--|--|
| <input type="checkbox"/> Cafetorium | <input type="checkbox"/> Big (new)Gym |
| <input type="checkbox"/> Kitchen (Safe Food Handling form attached) | <input type="checkbox"/> Old High School Gym |
| <input type="checkbox"/> Board Room | <input type="checkbox"/> Elementary Gym |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> 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: _____ (OFFICE USE ONLY) |
| <input type="checkbox"/> ITV Equipment | <input type="checkbox"/> Other _____ |

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. We will not hold L'Anse Area Schools responsible or liable for any injury received while our organization is using the facility.

Requested by: _____ (Signature) Date: _____

Charge(s): _____ Kitchen / Cleaning Fee: _____

Approved by: _____ (Administrator Signature) Date: _____

CC: Susan Tollefson, Superintendent
Missy Scroggs, K-12 Principal
Mike Roth, Maintenance/Transportation Supervisor

Darrin Voskuhl, Director of Student Services & Athletic Director
Martin Meleen, Technology
Shelley Bianco, Kitchen

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