

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 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*)
- 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:

- P. A. System
- Laptop
- Tables/Chairs for _____ person(s)
- ITV Equipment
- Overhead Projector & Screen
- Internet Guest Access (wireless)
- Guest Wi-Fi Voucher: _____ (OFFICE USE ONLY)
- 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, 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: _____ (Signature) Date: _____

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

Approved by: _____ (Administrator Signature) Date: _____

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

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

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