05.13.2026

FACILITY USE REQUEST

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

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

Use for: _____ Phone Number: _____
Name / Title of Event

Email: _____

Request to use:

___Cafetorium
___Kitchen (Complete *Safe Food Handling* on back)
___Board Room
___ TAHOE / School Vehicle *(Faculty/Staff ONLY)*
*Destination*_____

___Big (new) Gym
___Old High School Gym
___Elementary Gym
___Classroom ~ Room # _____
___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_____

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,* Main*tenance/Transportation Supervisor, SRO Officer,* **REMC/***Technology, Kitchen (Head Cook)*

ONLY TO BE COMPLETED IF <u>REQUESTING USE OF KITCHEN FACILITIES</u>

L'ANSE AREA SCHOOLS

"<u>SAFE FOOD HANDLING</u>"

Kitchen Use by School Related Groups

Requesting Organization: _____

Purpose: _____

Date: _____

Time: _____

<u>Contact(s)</u>:

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

<u>Check *one* option:</u>

_____ 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