



**Saugatuck Public Schools
Application for Facility Rental**

Today's Date: _____

Name of Contact: _____ Title of Contact: _____

Name of Company or Organization: _____

Mailing Address of Contact: _____

Contact Phone Number / Area Code: _____ Cell _____

Contact Email address: _____

Building Rental Request: _____

Room/Location Preference: _____

Additional Equipment Request: _____

Day(s)/Date(s) Please list all dates: _____

Door Access Requirements: Specific Door(s): _____ Unlock: _____ Relock: _____

Start Time: _____ End Time: _____ Total Hours: _____

Name of Program: _____

Anticipated Attendance: _____

Is there a charge to participate? _____ NO _____ Yes, indicate fee \$ _____

Non-Profit Certificate? _____ NO _____ Yes, please attach.

Liability Insurance Certificate required _____ NO (attach waiver) _____ Yes, (See requirements for insurance)

QUESTIONS? CONTACT KIM SHARDA AT 269-857-1444

Complete application and return at least 2 weeks prior to the start of the event to:

Kim Sharda
Central Administrative Office
Saugatuck Public Schools
PO BOX 818
Douglas, MI 49406

OFFICE USE: Fee Category Classification: _____

Date Received _____ Approved? _____ Scheduled Date _____

Deposit Required \$ _____ Balance Invoiced \$ _____ Date _____

Custodian Required? _____ Kitchen Facility Required? _____ Athletic Facility Required? _____