



**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? \_\_\_\_\_