

**LINCOLN PARK PUBLIC SCHOOLS
FACILITY RENTAL REQUEST**
1650 Champaign, Lincoln Park, MI 48146
Phone: 313.389.0200 ext. 20520 Fax: 313.928.7863

**PLEASE TYPE OR PRINT CLEARLY.
PLEASE ALLOW 14 BUSINESS DAYS TO PROCESS THIS FORM.**

Your reservation permit will be provided to you.
Always have your permit with you when using the facility.

Name of Requestor: _____ Phone #: _____
Address: _____ City & Zip: _____
Alternate Contact Person: _____ Phone #: _____
Activity: _____ Name of Organization: _____

I agree that the Organization will provide a Certificate of Liability from their Insurance Company, naming "Lincoln Park Public Schools" as the Insured, within 10 days of request approval.

I have been informed of the Terms of Payment and agree to submit the 50% deposit within 15 days of receipt, with the balance to be invoiced by the last date of requested dates.

Requestor's Signature

Date

Building: _____ Room(s): _____

Day(s) of week requested (Please Circle) SU M TU W TH F SA

Dates needed: _____

Actual Time In: _____ am/pm Actual Time Out: _____ am/pm
(Include setup and take down times)

If event is open to the public, list actual event times if different from above:

Date: _____ Event/Show Start Time: _____ am/pm Event/Show End Time: _____ am/pm

Date: _____ Event/Show Start Time: _____ am/pm Event/Show End Time: _____ am/pm

Date: _____ Event/Show Start Time: _____ am/pm Event/Show End Time: _____ am/pm

Are you charging a fee for people attending? If yes, please indicate the amount per person: \$ _____

Building Administrator's Approval: _____ Date: _____

PLEASE SEE NEXT PAGE FOR EVENT PLANNING WORKSHEET AND REQUESTS