



Request to Use JCISD Camp McGregor

10380 Adams Road, Clarklake, MI 49234, Phone 517.936.2838
sherri.cauthon@jcisd.org • 517-262-8409

Date of Request _____

Group requesting facility use: _____

Name or purpose of event: _____

Group contact person: _____ Phone number: _____

Group contact person's email: _____ Fax number: _____

Group's address: _____

Person overseeing the event: _____ Cell phone number: _____

Date(s) of requested use: _____ to _____

Building(s)/Space(s) requested: _____ Lodge _____ Cabins _____ Fire Pit _____ Lodge Kitchen

_____ Swim Area (Note: Certified Life Guard required for each 75 attendees; certificate to be provided at check-in.)

_____ Other _____

** Schools wanting to use Math / Science Lab must also contact JCISD Math / Science Center for approval.*

Time of event: _____ to _____ Set-up time/date if different: _____ / _____

Check out /Clean up to be completed (if different than event end time/date): _____ / _____

Number of attendees expected: _____ Cost charged to each attendee: \$ _____

****Attach description of needs for equipment, technology, additional space or other special needs.****

If food or beverages are to be brought on site during the event: Caterer: _____

Times caterer expected to arrive/leave: _____ / _____ Caterer's phone: _____

JCISD/Camp staff completes this section:

Use consistent with Board Policy 7510 _____ Event placed on Camp website calendar _____

Staff can accommodate building, set-up & security _____ Tech. Dept. scheduled (if applicable) _____

Staff contact person assigned: _____ Phone number : _____

Email address: _____ Fax number : _____

Fees: Rental Fee \$ _____ Security Deposit \$ _____ Other (description):\$ _____

JCISD comments or conditions: _____

JCISD Approval: _____ Date: _____

Note: This approval is valid for _____ days from the above JCISD approval date. Reservations are not confirmed until this form is signed below by the applicant and a deposit or full payment is received.

Applicant completes this section following JCISD approval (above).

NOTE: Reservation is not confirmed until this form is signed and returned and a deposit or full payment (if any) is received.

Applicant has reviewed the Regulations for Use of JCISD Facilities on the following page and agrees to those terms. Applicant agrees to indemnify and hold the Jackson County Intermediate School District harmless from any liability for damages to any person or property in or about the JCISD premises from any cause whatsoever associated with this use of the JCISD facilities. Applicant understands that Camp Supervisor is not on-site 24 hours per day. Applicant agrees that it is responsible for the proper supervision, control and accommodation of persons attending the activity. Applicant agrees that there shall be no use of alcohol, tobacco or other controlled substances in any building or on camp property by persons involved with Applicant's activity.

Applicant Acceptance of All Terms: _____ Date: _____

JCISD Use Only: Date Request Form & payment received _____ Account number for Deposit _____

CC: _____ Camp Supervisor _____ Bus Office _____ IT _____ Maintenance Supervisor _____ Other: _____