MANSON SCHOOL DISTRICT #19
Request form for use of Manson School Facilities

Date:_____

Name of Civic Organization Group or individuals:_____

Location of School Facility:_____

Type of Activity::_____

Date of Activity:_____

Time of Activity:_____

Purpose of the Activity:_____

_____

Equipment Needs if any:_____

Admission Charge if any:_____

Signature of Responsible Person:_____

Phone Number:_____

Liability Insurance Provider:_____

Policy Number:_____

Certificate of insurance shall be provided to the school district upon request before the date of the activity.

We,_____
               (One who gives protection against damage or loss)

agree to HOLD HARMLESS Manson School District Board of Education and their agents and employees from all liability, claims, demands, damages, or costs, for or arising out of the use of the Manson School District facilities.

_____

| Signature | Position with organization | Date |

Key checked out to:_____

Charge for use of facilities, if applicable   _____

Charge for supervision, if applicable   _____

Charge for custodial services, if applicable   _____

    TOTAL COST   _____

Approved by:_____   _____
              Principal   Operations Manager

_____
        Superintendent