FACILITY USE APPLICATION

Submitting 30 days prior to event is recommended.
When requesting the Auditorium or Fields please complete page two.

Return to:
Attn: Facility Use Pontiac Schools
47200 Woodward Ave.
Pontiac, MI. 48342
Email: psd-usage@pontiacschools.org

Notification of cancellation must be made to the Facility Use Office at least 48 hours before the scheduled time of use, or the **full rental fee will be charged. All cancellations must be in writing.**
Email to ***psd-usage@pontiacschools.org*** For questions: Call Facilities at 248-451-8116

Requested Event Information:

Date of Application Event Title
Name of Building (1st Choice) Room(s)
Name of Building (2nd Choice) Room(s)
Requested Days (1st Choice) ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat
Requested Days (2nd Choice) ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat
If this is an ongoing event, how many days per week are you scheduling?
Event Date(s)
Event Start Time: Event End Time: Setup Begin Time: Breakdown End Time:

Organization Information:

Name of Organization
Contact Name Email Address
Billing Phone Evening Phone Cellular Phone
FEIN (Sales Tax Exemption Number)

Insurance Information:

Company Policy Number Coverage Dates
Coverage Amount(s)
Proof of Insurance is required at least two weeks prior to the event. Email to psd-usage@pontiacschools.org

Setup Requirements as determined by the district and group:

Custodial Services Needed
Maintenance or Ground Services Needed
Security Services Needed
Technology Services Needed
Other items Needed for Indoor Rentals (please check all that apply)

Number of People Attending Number of Adults Number of Children
Number of Chairs Needed Number of Tables Needed
Additional Needs

I do hereby certify, in representation of the above named group, that I have read and will observe all rpoicies and procedures of this application. I understand that, by law and Board policy, alcohol and controlled substances are forbidden on school premises and smoking is not allowed in the buildings or grounds and that abuse of this will cause eviction and loss of facility use. **I further understand that I am responsible for any damage that can be attributed to my/our use.** I agree and abide by these conditions. I understand I am responsible for providing proof of insurance two weeks prior to the event.

Applicant's Signature Date

PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING. DO NOT ATTEMPT TO USE FACILITIES WITHOUT AN APPROVED USAGE CONFIRMATION

To the fullest extent permitted by law, the user agrees to defend, pay in behalf of, and hold harmless the School District of the City of Pontiac, 47200 Woodward Ave., Pontiac, MI 48342, its elected and appointed officials, employees, volunteers and others working in behalf of the Pontiac School District against any and all claims, demands, suits, losses, attorney fees, including all costs connected therewith, for any damages which may be asserted, claimed or recovered against or from the Pontiac School District, by reason of personal injury, including bodily injury and death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the facility use described above.

FACILITY USE APPLICATION

See Facility Fees for detailed costs

Auditorium/Theater Needs – please check all that apply (standard theater w/lighting, audio and stage production facilities)

☐ Piano	☐ Sound System	☐ Wireless Mic(s)
☐ Podium	☐ Lobby	☐ Dressing Rooms
☐ Stage Lighting	☐ DVD Pyaer	☐ LED Projector

PHS Small Theater, PMS Theater, WHRC Small Theater, WHRC Multipurpose Room, Elementary Stages Small Theater/ Multipurpose Needs – please check all that apply (standard presentation space)

☐ Screen	☐ Sound System	☐ Wireless Mic(s)
☐ Podium	☐ Tables	☐ DVD Player
☐ Lavalier Mic	☐ Stand Mic	☐ LED Projector

Facility Requested PHS Gymnasium

Gymnasium Needs – please check all that apply

☐ Scoreboards	☐ Sound System	☐ Wireless Mic(s) Locker
☐ Concessions	☐ Bleachers	☐ Rooms
☐ Tables	☐ Folding Chairs	☐ Main Gym Video Screen

Facility Requested Athletic Fields

Select Requested Fields – please check all that apply

☐ HS Football, Soccer	☐ MS Football	☐ HS Concessions
☐ HS Baseball, Softball	☐ Elementary Field	☐ Scoreboards

Other Needs for all requested facilities

Setup Instructions:

Event Date	Event Time	Setup Begin Time	Breakdown End Time
Event Date	Event Time	Setup Begin Time	Breakdown End Time
Event Date	Event Time	Setup Begin Time	Breakdown End Time

Setup to be done by:

Sketch of Setup Provided?
(Please include setup sketch on a separate sheet)

Additional Needs:

Tables (6 ft.) **Location**
Folding Chairs **Location**

Total estimated cost as determined by the district: $_____

Final Signatures for Agreement

Facilities_____ Date_____
Aud. Manager_____ Date_____
Bldg. Principal_____ Date_____
Superintendent_____ Date_____

Revised 09/2025