

Lakeview School District Facility Reservation Request Form

Name

Phone

E-Mail

Lakeview Staff Member? yes ___ no ___

Do you have access to space(s) requested? yes ___ no ___

Event Name: _____

Event Description: _____

Event Date(s) _____

Begin Setup Time _____

Event Start Time _____

Event End Time _____

Exit Time _____

Exact Location of Request (Building/Space)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Number of people in attendance _____

Public Event? yes ___ no ___

Organization Type:

LV Dist Group _____

Youth Group _____

Non-Profit Community Group _____

Other _____

Requesting Organization Name _____

Requesting Organization Billing Address:

Purpose of Function _____

Contact (person 18 or over who will be present and responsible for this event)

Name: _____

Phone: _____

Will there be admission/donation? ___yes ___no

For what purpose is the money to be used? _____

LV equipment requested: _____

Setup requested: _____

LV Technology Assistance required: yes___ no___

LV Custodians required: yes___ no___

LV Maintenance Staff required: yes___ no___

LV Grounds Staff required: yes___ no___

Do you have a certified lifeguard, if pool requested? yes ___ no___

List Name (s) _____

Copy of Liability Insurance Policy on file with Lakeview Operations? yes___ no___

Please submit to: Lisa Hull, Administrative Assistant

Lakeview School District Operations Department

15 Arbor Street

Battle Creek, MI 49015

269-565-3995

lhull@lakeviewspartans.org