



Gladwin Community Schools Facility Use Request

1400 N. Spring St., Gladwin, MI 48624

Attn: Vicki Willford

Phone: 989-426-7341 Fax forms to: 989-426-6031

Name of Activity: _____ **School Activity:** Yes No

Profit _____ **Non-profit** _____ **Other** _____
(must provide proof of non-profit status from the IRS) (Please Describe)

Organization _____ Phone _____

Address _____

Please indicate the best way to reach you _____ Email _____

Name of Person Completing This Request: _____

Building Requested:	High School	Junior High	Intermediate	Elementary
Rooms Requested:	Cafeteria	Conf. Room	Gym	Library
				Room #(s) _____

Date(s) wanted _____ *DO NOT list multiple dates if the start and end times are different*

Set Up Time _____ a.m. /p.m. Activity starts _____ a.m. /p.m.

Activity Ends _____ a.m. /p.m. Clean Up Time _____ a.m. /p.m.

Tech Crew: Yes No Start Time _____ a.m./p.m. End Time _____ a.m./p.m.

(May be required) Lighting/PA Technology Supervisor: 426-7341,

Tech Needs: Special Lighting Start Time _____ a.m./p.m. End Time _____ a.m./p.m.

PA System Start Time _____ a.m. /p.m. End Time _____ a.m./p.m.

Audio/Visual Equipment Requested _____

Kitchen/Cook: Yes No Start Time _____ a.m. /p.m. End Time _____ a.m./p.m.

(May be required) Food Service Supervisor: Chartwell (Sharon Kennedy) 426-7341, SKennedy@gladwinschools.net

Kitchen Needs: Coffee Pot Start Time _____ a.m. /p.m. How Many People _____

Custodian: Yes No Start Time _____ a.m. /p.m. End Time _____ a.m./p.m.

(May be required) Custodial Supervisor: Ronda Smith 329-4330, rsmith@hitec-services.com

of tables set up _____ # of chairs set up _____

Please explain how you would like the facility set up: _____

The back of form must be completed and signed. Thank you!

Please note: The following may be an additional expense: Use of large screen or PA system (requires tech crew to be present), kitchen use (requires a cook to be present), custodial services during times that extend beyond their regularly scheduled hours or requested assistance which creates a need for them to stay later to finish their daily duties.

1. Damage to the building/equipment may be charged to the individual or organization using the school. Any future reservation may also be canceled or denied due to property being damaged.
2. Both profit & non-profit activities may include costs.
3. Weekend activities will require a custodian present and those fees will also include clean-up cost.
4. Use of the kitchen at any time requires a cook and will also include any clean-up cost. Number of custodians/kitchen staff will be determined by their supervisors.
5. Absolutely no alcohol permitted on the premises.

Other Departmental Contacts

Athletic Director/Facility Scheduling Coordinator: Lauren Haines 426-5491, mshaines@gladwinschools.net
Athletics Secretary: Mindy Smith 426-5491, mssmithm@gladwinschools.net
Facility Scheduling Secretary: Vicki Willford 426-7341, msvwillford@gladwinschools.net
Computer Technology: Matt Shefferly 426-7341, mshefferly@cgresd.net
Bussing Supervisor: Bernie Williamson 426-8494, mrwilliamson@gladwinschools.net
Food Services Supervisor: Sharon Kennedy 426-7341, skennedy@gladwinschools.net

Building Administrators

Elementary: Josh Pahl 426-7771, mrpahl@gladwinschools.net
Intermediate: Joe Cote' 426-4531, mrcote@gladwinschools.net
Junior High: Dave Mausolf 426-3808, dmausolf@gladwinschools.net
High School: Elizabeth Brown 426-7341, msbrown1@gladwinschools.net
Business Director: Mandi Zaborowski 426-9255, mszaborowski@gladwinschools.net
Superintendent: Rick Seebeck 426-9255, mrseebeck@gladwinschools.net

Current Facility Use Rates

Cafeteria	\$50.00	If hallways and/or commons area are also used \$100.00
Gym	\$50.00	
Library K-8	\$30.00	High School Library \$50.00
Classroom	\$25.00	
Technician	\$ 8.03 per hour, per worker (Required for use of stage lighting and sound)	
Kitchen	\$18.66 per hour, per worker (average, may vary depending on who is assigned to work)	
Custodian	\$22.65 per hour, per worker (average, may vary depending on who is assigned to work)	

If billing information differs from name/organization reserving the facility please indicate:

Name: _____ Phone: _____ Email: _____

Address: _____

You will receive an invoice for the facility usage fees and any fees for additional services. Payment will be due upon receipt of the invoice. If payment is not received it may be referred to collections.

I agree to all terms of facility use _____

Signature

Date