Jackson Public Schools
APPLICATION FOR USE OF SCHOOL FACILITIES

Submit to:
Facilities Department
Operation Center
1401 N. Brown Street
Jackson, Michigan 49202

Phone #s:
(517) 841-2162 Office
(517) 768-5925 Fax
(517) 206-1717 Emergency Cell
(517) 206-4542 Emergency Cell

***Date of Application*:_____**

_____ _____
Name of Organization/Group Address/Street City Zip

_____ _____
Contact Name (Please Print) Phone # Cell #

_____ _____
Name or Description of Program/Event # of Participants

Amount of admission to be taken? $_____ Proceeds used for? _____

SCHOOL	ROOM	DAY	DATES	HOURS From	To

List Any Equipment or Services Needed: _____

CERTIFICATE OF INSURANCE: All groups applying to use school facilities must provide as a condition of said use a certificate of public liability insurance certifying that the group has purchased broad-form comprehensive general liability protection with combined single limits of at least $1,000,000.00 for bodily injury and property damage for each occurrence and which names Jackson Public Schools as an additional insured for the time and date of requested use.
CERTIFIED LIFEGUARD: Must be present and provided by applicant at NO cost to district. Must provide copy of Certification along with Certificate of Insurance prior to event.
ENERGY POLICY: All groups must participate and cooperate with Jackson Public Schools Energy Conservation Program.

JACKSON PUBLIC SCHOOLS IS A DRUG, ALCOHOL, TOBACCO AND WEAPON FREE INSTITUTION

SIGNATURE OF RESPONSIBLE PARTY:_____
Print Name Signature

APPROVAL FOR USE OF FACILITIES

Date:_____

You have been granted the use of _____School in accordance with the conditions as signed by you on the above application.

FEE $_____ Other Remarks:_____

_____
Jeff Huey
Director of District Operations