

FACILITIES USE AGREEMENT
ST. PAUL LUTHERAN SCHOOL
ANN ARBOR, MI 48105
734-665-0604
FAX 734-665-7809

Today's Date

Name of Organization Requesting Use of Facility

Contact Person

Email Address

Address

Home/Business Phone #

Fax #

Cell Phone #

Requested dates and time for facility usage _____

Specific part of facility requested _____
(large gym, small gym, classroom, fine arts room, sports field, kitchen, etc.)

Intended use _____

Special set up or supplies requested _____

- Your signature below indicates your agreement to:
1. Use the facilities for the purpose indicated above
 2. Use only the space requested
 3. Follow the procedures on the attached "Facilities Usage Policy."

Lessee Signature

St. Paul Lutheran School Use Only

Your request for usage of the facility at St. Paul Lutheran School has been approved/denied

Principal, St. Paul Lutheran School

or _____
Athletic Director (Facilities Manager)

Kitchen Manager (if applicable)

Contact info (phone/email)

Deposit _____ Rec'd _____ Returned (if applicable) _____