Michigan Lutheran Seminary

FACILITY, EQUIPMENT, AND VEHICLE USE FORM

SECTION 1

TO BE COMPLETED BY REQUESTING ORGANIZATION OR INDIVIDUAL

Activity _____

Date(s)/Time(s) Requested _____

Organization/Individual_____

Address _____

City_____ State _____ Zip _____

Contact Person _____Phone # _____

Contact Person email address _____

Is Activity Insured? ☐No ☐Yes Insurer _____

Facility Requested _____

Equipment Requested _____

Vehicle Requested_____

Vehicle Requested_____

Other Items Requested _____

_____

MLS Support Personnel Requested_____

_____

The above-mentioned organization/individual is responsible for lost or stolen goods and all damage to the facilities, equipment, and/or vehicles of Michigan Lutheran Seminary, which occurs directly or indirectly as a result of the use requested above. The above-mentioned organization/individual is also responsible for providing the supervision and control of this activity, including supervision and control of activity participants/spectators and their children.

_____ _____

Signature of Organization Representative Date

SECTION 2

TO BE COMPLETED BY MICHIGAN LUTHERAN SEMINARY

A checked box requests approval and coordination among those departments/Individuals

X Business Mgr. _____ Initial ☐ Maint. Dept. _____ Initial ☐ Dean of Students _____ Initial ☐ Music Dept. _____ Initial

☐ President _____ Initial ☐ Athletic Dept. _____ Initial ☐ Policy Council _____ Initial ☐ Recruitment _____ initial

☐ Vice-Pres. _____ Initial ☐ AV Dept. _____ Initial ☐ Dining Hall _____ Initial ☐ Other _____ _____ Initial

☐ Foundation _____ Initial ☐ Drama. _____ Initial

Approved ☐ **Disapproved** ☐

Any Related Cost:_____