Millstream Facilities Permit

Sent By:	Sent To: User - phamlin	Sent On: 3/14/2019 12:46pm CT
-		Not completed
* Choose One:		Millstream
* Choose One:		Non-rental
* Organization:		McComb Athletic Boosters
* Activity:		Reverse Raffle
* Anticipated Attendance:		6
* Contact Person:		Shawn McFarland
* Address:		9184 Nancy Lane
* Phone:		(419) 957-4625
* Email:		smcfarland1973@yahoo.com
* Facility Needed: (Check al	ll that apply)	☑ Millstream Cafe
School day usage (check which	ch periods):	
Day(s) & Date(s) Reserved (P	Please include the year):	
Saturday March 23, 2019		
* Time doors need to be open	n:	08:00 am
* Time activity is to begin:		09:00 am
* Time doors are able to be lo	ocked:	09:30 pm
Special equipment needed: (C	Check all that apply)	
Please supply an explanation	for each check above:	
defend, indemnify and and all claims for loss premises including, b contractors and subc	he issuance of this permit, the permitted hold harmless the Findlay City School s, damages or injury to persons or proport not limited to, employees, invitees, rontractors of the permittee and further a indlay City Schools. Notification of cand	Is from and against any erty arising out of the nembers, guests, agents, agrees to enforce the no

Signed: **Shawn C. McFarland**Stamped: **3/14/2019 12:50:53 PM**; **70.61.173.66**;

at least one week prior to event.

Signature of responsible person:

X

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*Once you receive the approved form, make sure to bring a copy of the permit with you the day of your event.

In case of an emergency, call (419) 348-3460 and/or 911.			
* Who will check on special facilities?	jshank@fcs.org		
Activity Secretary's Permit granted by:			
X Signed: Wendy Pueschel Stamped: 3/15/2019 11:19:37 AM; 66.114.28.17;			
Activity Principal's Permit granted by:			
Special Facility (Athletic, Food Service, or Auditorium) Permission Granted?			
Maintenance Supervisor's Permit granted by:			
Custodial Permit granted by:			
Reason for denial or other message:			
approved per Pam Hamlin			