Facility User Group Insurance Reporting Form

School Name: _____ **Date:** _____

1st Report: September – December – Due January 31st ( ) **2nd Report:** January-August ( ) – Due September 30th

Date or Recurring Dates	User Group & Activity Description	Contact Person & Contact Information	Number of Participants	Frequency	Rental Rate	Area Utilized	Signed Facility User Agreement Y/N	Own Insurance Policy (Y or N)