

WARREN WOODS PUBLIC SCHOOLS
 12900 Frazho, Warren, MI 48089
 Phone: 586 439-4668

AUDITORIUM USE APPLICATION

Name of Organization: _____ Date of Application: _____

Applicants Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ Building Requested: Middle School / Tower

Purpose of Use: _____ Group Type (circle one) 1 2 3 4

Please View Coordinating Rental Rates

Age of Attendants: Age 5 & Under _____ Age 5-12 _____ Age 13-21 _____ Age 21 & Above _____

AUDITORIUM INFO.	AUDITORIUM SPACE	STAGE AREA	EQUIPMENT	EXTRA CHARGE EQUIPMENT	ADDITIONAL ROOMS
DATE: _____	<input type="checkbox"/> FULL AUDITORIUM <input type="checkbox"/> LITTLE THEATRE	<input type="checkbox"/> FULL STAGE <input type="checkbox"/> HALF STAGE	<input type="checkbox"/> MICROPHONES <input type="checkbox"/> PODIUM	<input type="checkbox"/> FOLLOW SPOTS <input type="checkbox"/> GRAND PIANO	<input type="checkbox"/> BAND ROOM TIME: FROM _____ AM / PM
TIME: _____ AM/PM	<input type="checkbox"/> MS BAND ROOM <input type="checkbox"/> MS CHOIR ROOM	<input type="checkbox"/> STAGE FRONT	<input type="checkbox"/> SCREEN & PROJECTOR <input type="checkbox"/> RISERS		TO _____ AM / PM
TO _____ AM/PM			<input type="checkbox"/> LIGHTING <input type="checkbox"/> _____		TIME: FROM _____ AM / PM
					TO _____ AM / PM

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TO _____ AM/PM			<input type="checkbox"/> LIGHTING <input type="checkbox"/> _____		TIME: FROM _____ AM / PM
					TO _____ AM / PM

Admission to be Charged: \$ _____ Use of Proceeds: _____

SPECIAL INSTRUCTIONS:

All estimated fees are due 15 days prior to event along with Certificate of Liability Insurance, if required. Send all payments to **Warren Woods Public Schools, Attn: Business Office, 12900 Frazho, Warren, Michigan 48089.**

In signing this form, I certify that I have read the Warren Woods Public Schools Facility use document that is attached to this form. I agree to strictly observe these guidelines and I accept responsibility for the enforcement of them. I agree to protect the premises and indemnify the District for any damage due to occupancy of the building covered by this permit. I understand and agree that this permit may be revoked or canceled at any time, with or without cause, and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. Liability: As user, I agree to assume full responsibility for injury to persons and damage to property during the time facilities are used under this agreement.

Applicants Signature

Date

Warren Woods Public Schools Approval Signature

Date

For WWPS Office Use Only; FS Direct