

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

USE OF SCHOOL FACILITY CONTRACT

Name of Organization: _____ Date of Application: _____

Applicants Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Building Requested: _____ Group Type (circle one) 1 2 3 4
Please View Coordinating Rental Rates

Purpose of Use: _____ Estimated Attendance _____

of Attendants: Age 0-5 _____ Age 5-12 _____ Age 13-21 _____ Age 21 & Above _____

Room/Facility:	Date(s):	Time Open:	Time Close:	Special Instructions:
Room/Facility:	Date(s):	Time Open:	Time Close:	Special Instructions:
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Room/Facility:	Date(s):	Time Open:	Time Close:	Special Instructions:

SPECIAL INSTRUCTIONS:

All estimated fees are due 15 business 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