



# PORT HURON SCHOOLS

2720 Riverside Drive Port Huron, MI 48060 Phone (810) 984-3101

CONTRACT NO: \_\_\_\_\_

## APPLICATION FOR USE OF DISTRICT FIELDS / GROUNDS

<b>APPLICANT: PLEASE COMPLETE THIS SECTION</b>		
NAME OF GROUP:		
APPLICANT'S NAME:	TITLE:	
ADDRESS:	CITY/ZIP:	
TELEPHONE: (DAY)	(EVENING):	(EMAIL):
PROPOSED ACTIVITY:		
WILL ADMISSION BE CHARGED OR A DONATION REQUESTED? (CIRCLE ONE)      YES      NO		
BUILDING REQUESTED:		
ROOMS REQUESTED:		
DATE REQUESTED (DAY & DATE)		
HOURS REQUESTED:	STARTING AT:	ENDING AT:      MUST INCLUDE SET UP TIME
SERVICES REQUESTED BY CUSTODIAN: (PLEASE BE AS SPECIFIC AS POSSIBLE)		

The undersigned hereby states that he/she has read the **Rules and Regulations Governing Use of School Buildings** located on the PHASD website and agrees to them. The undersigned further states that he/she has the authority to sign this application for the above named organization and will assume full responsibility for payment of any costs incurred as a result of this use. Proof of insurance needs to be provided for groups. **No dates are final until approved by Central Office.**

**\*\*A copy of the Waiver of Liability is to be attached to all requests\*\***

<b>SIGNATURE OF PERSON REQUESTING USE:</b>	_____
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<b>SCHOOL DISTRICT USE ONLY:</b>	_____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PRINCIPAL'S/ATHLETIC DIRECTOR'S SIGNATURE*

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*EXECUTIVE DIRECTOR'S SIGNATURE*

\*\*\*\*\*CHARGES FOR USE OF PORT HURON AREA SCHOOL DISTRICT FACILITIES\*\*\*\*\*

**FEES STATED PER HOUR (TWO HOUR MINIMUM)**

PORT HURON HIGH / MEMORIAL STADIUM	
MEMORIAL STADIUM	\$150.00/HR
BATHRMS, CONCESSIONS, PRESS BOX	\$50.00/EVENT
LIGHTS	\$60.00/EVENT
SCOREBOARD	\$50.00/EVENT
FIELDS LINED	\$50.00/LINING
BASEBALL / SOFTBALL FIELDS / TRACK**	\$100.00/HR
CUSTODIAN FEES	PER SCALE

PHNORTHERN COMPLEX	
SOCCER FIELD	\$100.00/HR
BATHRMS, CONCESSIONS, PRESS BOX	\$50.00/EVENT
SCOREBOARD	\$30.00/EVENT
FIELDS LINED	\$50.00/LINING
BASEBALL / SOFTBALL FIELDS/ TRACK	\$100.00/HR
CUSTODIAN FEES	PER SCALE

\*\*EXCLUDES PH CITY REC

**EXEMPT GROUPS INCLUDE ALL THOSE IN GROUP A**

- Deposit     
  No charge for use of building     
  Charge for use of building

**Total Amount Due: \$** \_\_\_\_\_

**Deposit Received: \$** \_\_\_\_\_

*Please note: Your conscientious cooperation in the care of equipment and facilities is appreciated. General building use is not scheduled when school is not in session. \*\*School programs will have priority over other programs\*\**



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**Contract Number** \_\_\_\_\_

## WAIVER OF LIABILITY

*(In lieu of liability insurance)*

The undersigned does hereby acknowledge use of the facilities of the Port Huron Schools and does hereby waive and release the School District, its agents and employees, from any and all liability for any claim or cause of action that might arise or result from the undersigned use of such facilities, hereby agreeing to indemnify and hold said School District, its agents and employees, harmless of all such claims and to reimburse the School District for any and all damage done to the facilities so used.

**Name of Group:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_