



PORT HURON SCHOOLS

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

CONTRACT NO: _____

APPLICATION FOR USE OF PERFORMING ARTS CENTERS

APPLICANT: PLEASE COMPLETE THIS SECTION		
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 the Performing Arts Centers** 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 deposit of \$100 and proof of liability insurance is due at the time reservation is made. Full payment is due two weeks prior to event.

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

SIGNATURE OF PERSON REQUESTING USE:	_____
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SCHOOL DISTRICT USE ONLY:	
Signature: _____	Date: _____
<i>THEATER MANAGER'S SIGNATURE</i>	
Approval: _____	Date: _____
<i>EXECUTIVE DIRECTOR'S SIGNATURE</i>	

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

SCHOOL DISTRICT USE	Group Classification:	
Estimated Costs - Weekday Building Rental:	hours@\$	= \$
Weekend Building Rental:	hours@\$	= \$
Weekday Custodian(s):	hours@\$	= \$
Weekend Custodian(s):	hours@\$	= \$
Site Manager:	hours@\$	= \$
Deposit \$	Date:	Estimated Total \$
Payment in full due by:	Certificate of Insurance (circle one)	Required On File



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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: _____