



**Armada Area Schools
FACILITY USE FORM**

Applicant Name:		Date:
Organization Name:		
Address:		
Phone Number:		Email Address:

Facilities desired--building and area(s):	
Purpose for facility use:	
Date(s) of activity:	
Special Instructions:	
Time of Entry:	
Actual beginning time of activity:	
Time of Exit:	
Estimated number of participants:	

Please note that all estimated fees are due 15 business days prior to the event along with Certificate of Liability Insurance. Send all payments to **Armada Area Schools, Attn: Business Office, 74500 Burk Street, Armada, MI 48005.**

In signing this form, I certify that I have read the Armada Area 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 the user, I agree to assume full responsibility for injury to persons and damage to property during the time facilities are used under this agreement.

Signature of Applicant/Responsible Party: _____

Date: _____