

Granite Falls School District #332
307 N. Alder Ave, Granite Falls WA 98252
360-691-7717 fax 360-691-4459

FACILITY USE APPLICATION

Representative Name _____

Business/Home Phone _____

Mailing Address _____

Facility Requested/Use _____ Date/Time _____

Admission fee (if applicable) \$ _____ per person Fundraising Activities? _____

The applicant hereby agrees to abide by all applicable laws and ordinances, as well as all District rules governing use of facilities. Further, the applicant agrees to protect, indemnify, and hold harmless the District, its elected and appointed officials and staff from all claims, liabilities and damages, expenses or right of action directly or indirectly attributable to user's activities and/or use of premises in connection with this agreement. By signing this agreement, applicant indicates that he/she understands and agrees to these conditions and applicant has read and understands all regulations and responsibilities as outlined in policy #7020.

Applicant/Representative Signature _____

Note: This Facility Use Agreement may be cancelled or altered at any time. Any costs associated would be reimbursed if applicable.



Classification _____ @ \$ _____ per hr/per event:	Total _____
Staff # of hrs _____ @ \$ _____ per hr/per event:	Total _____
Food Services # of hrs _____ per hr/per event:	Total _____
Equipment _____ @ _____ per hr/per event:	Total _____
Other _____	

TOTAL FEES _____ **TOTAL** _____
DUE 72 HRS. PRIOR TO USE

48 HOURS NOTICE REQUIRED FOR CANCELLATION WITHOUT CHARGE

Ins. Certificate _____ Payment received _____ Approved _____

Date _____ Admin. Signature _____