

Date of Application: \_\_\_\_\_

**APPLICATION FOR USE OF ENCORE SCHOOL OF THE ARTS FACILITIES**

405 E Division St-PO Box 595-Dowagiac, MI 49047- 269.783.0881

Organization:	
Adult in Charge:	
Address:	
Phone:	Email:
Purpose:	
Room(s) Requested:	
Time building will be open:	
Time building will be closed:	
Activity begins:	
Activity Ends:	
Date Requested:	

Building Rental Fee: \$1 per person, per day, payable to Encore

\*all participants/persons must sign-in at front desk for safety and liability issues, no exceptions.

1. No Food or Beverages allowed in Studio A or B.
2. No Smoking allowed in the building.
3. Rental group will perform general clean-up of area used.
4. Rental group is responsible for any damages and liable for any injuries that may occur.
5. Children must be supervised and not left unattended.
6. Encore is not responsible for any lost or stolen property.

*I have read the terms herein and will fully comply with such terms.*

Authorized Official of Organization: \_\_\_\_\_

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

Authorized Encore Representative: \_\_\_\_\_

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