



FACILITIES USE REQUEST

CHAMPION TOWNSHIP

Section I. To Be Completed by Organization

Each item on this form must be completed in order for consideration to be given to the request.

1. Facilities requested: School House Central Soccer Fields Central Property

Identify Fields Needed: _____

2. Name of Organization requesting use of facilities: _____

- Champion Local Schools Group Champion Community Organization Non-Champion Group

3. Person Representing Organization: _____ Phone: _____

4. Billing Information: Name: _____
Organization: _____

Address: _____ Phone: _____

5. Type of Activity Planned: _____

6. Number of Days requested: _____

Dates and Times requested: _____

7. The Following must be attached:

Hold Harmless Release Form

Proof of Insurance policy (\$100,000, Township Identified as additional insured)

- Attached -or- on file with Fiscal Officer

We agree to abide by the Champion Township Facilities Use policy

Signature: _____ Date : _____

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Section II. To Be Completed by Township Official

Approval Granted by: _____ Date : _____

Facilities Charges per attached Facilities Use Policy: _____

