



**BUILDING USE APPLICATION**  
 Bellevue School District  
 12037 NE 5<sup>th</sup> Street, Bellevue, WA 98005 425-456-4560

**COPY**

**INSTRUCTIONS: PLEASE PRINT.** The applicant is to complete PART I ONLY. The facility, scheduler will insert all estimated costs based on the applicant's classification and information provided. For further information refer to Policy 3500 and Procedures 3500.1, 3500.2 and/or 3500.4

**PART I - APPLICANT INFORMATION**

Name of Organization to be Involved: Lalitagauri Agasthe School/Location being requested: International School  
 Responsible Person/Department: Lalitagauri Agasthe Rooms needed (attach list if needed):  
 Billing Address: 211 140th AVE NE Dates (start, stop, times if more than 3 days): May 8<sup>th</sup>, 2016  
Bellevue, WA 98005  
 E-mail Address: lalitama@hotmail.com Phone No: (425) 378 7719 Days of the Week (circle all that apply): M T W TH F SA SU

Non-Profit? YES/NO Please provide Non-Profit # \_\_\_\_\_ Time Entering Building: 4:30 Time Leaving Building: 7p  
 Primary Use: ADULT/YOUTH Food Being Served? YES/NO Anticipated Attendance: \_\_\_\_\_ Event Start Time: 4:30p Event End Time: \_\_\_\_\_

**Description of Event:** It is a dance performance by the students of the school. Usually there are around 8/10 compositions.

**FEES:** A \$20.00 non-refundable processing fee must accompany this application. Facility Scheduler has copies of the current fee schedule or one may be obtained by phone. Information may also be obtained from the Facilities Office. Checks should be made payable to Bellevue School District NO 405. Please indicate the name of the person requesting and application number on your check. School activities have preference over community use.  
**INSURANCE:** Applicants agree by their signature below to hold the Bellevue School District harmless as a result of their use. Prior to application approval, users may also be required to supply a certificate of insurance with a reputable insurance firm indicating full liability coverage of at least \$1,000,000 combined single limit bodily injury and property damage with the Bellevue School District listed as an additional insured. Insurance is required for use of all Performing Arts Centers (PAC). **CANCELLATIONS:** Procedures 3500.1 sections C and D outlines the cancellation procedure for the applicant. Start on "D" business cancellation procedure for the District. Additional cancellation information for PACs is located in Procedure 3500.1 - Section D. PAC cancellations must be made at least 30 days prior to scheduled event. If not cancelled before the 30 days customer could be involved for up to half of the original estimate. Exceptions to the District cancellation procedure include power outages or closure due to inclement weather conditions as determined by school officials. **SCHOOL HOLIDAYS:** School facilities are not available for community use during school hours. Facility or PAC rental on holidays is contingent upon staff availability, and must be predetermined. **AGREEMENT:** Applicant agrees by their signature below that they have read and agree to the terms and conditions stated above and/or on the reverse side of this application (or second page of electronic application) and with the District's Procedures 3500.1, 3500.2 and/or 3500.4. Approval by the District will be indicated by the issuance of this BUILDING USE APPLICATION, which has been signed by all parties.

ACCEPTANCE OF TERMS: Lalit Agasthe APPLICANT SIGNATURE TODAY'S DATE: April 13<sup>th</sup>, 2016

**Credit Card Payment Information:**  
 Name on Credit Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_  
 Credit Card Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 I hereby authorize Bellevue School District to charge my VISA or MasterCard to \_\_\_\_\_ Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITIES USE ONLY: PART II - FEES ESTIMATE**

Classified by School or District? (circle applicable option)	CLASSIFICATION: (circle one)	1	2	3	4	Certificate of Insurance received	YES / NO
<input type="checkbox"/> Charge staffing fees to department/club	<input type="checkbox"/> Charge staffing fees to ASB					Non-refundable Processing Fee: \$20.00	<input checked="" type="checkbox"/> Cash/Check <input type="checkbox"/> POS
Facility Fee	<input type="checkbox"/> Rooms:	# rooms	# hours	rate	# days	= \$	
Season/Session:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring						
(Separate Application required for each Season/Session)							
<input checked="" type="checkbox"/> Performing Arts Center (PAC):		# rooms	# hours	rate	# days	= \$	111.
Supervision:	<input checked="" type="checkbox"/> Site <input type="checkbox"/> School Tech <input type="checkbox"/> Other	# hrs	# hours	rate	# days	= \$	192.
Supervision is required for all PAC events in their entirety + 1 hour							
Technician:	<input checked="" type="checkbox"/> Type:	# hrs	# hours	rate	# days	= \$	128.
	Audio, lighting or stage hand	# Techs	# hours	rate per tech	# days	= \$	240.
Custodial*:	<input type="checkbox"/> M-F <input checked="" type="checkbox"/> Weekend		# hours	rate	# days	= \$	
*For PAC Minimum 2 hrs. Minimum Entire event +3 hours							
Other (specify):			# hours / each	rate	# days	= \$	
(i.e., custodial, kitchen staff, equipment, parking, other)							
Other (specify):			# hours / each	rate	# days	= \$	
(i.e., custodial, kitchen staff, equipment, parking, other)							
Other (specify):			# hours / each	rate	# days	= \$	
(i.e., custodial, kitchen staff, equipment, parking, other)							
COMMENTS:						TOTAL:	= \$

SPECIAL INSTRUCTIONS:  Room Fees waived for Wednesday PM After School Programs Check#: \_\_\_\_\_ Check Amount: \_\_\_\_\_ POS Receipt No. \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Signature: (Insures custodial staffing arrangements will be made if required) Facility Use Approval (Indicates event has been approved by the District)

**PAC EQUIPMENT FORM; Directions for use (please read):**

Return to PAC Coordinator within 5 days of Facility App submittal – fax 425-456-4584 OR 12037 NE 5<sup>TH</sup> Street, Bellevue WA 98005

To complete this form: In the **COLUMN** of the school being used **CIRCLE** the items needed.

If the equipment is available at that school, a 'Y' will be indicated. If it is not available 'N' is indicated. Associated costs are indicated with '\$Y'. A number indicates the *general* amount available at that school; *each theater, and the equipment within, are used daily for learning. At times the full number indicated is not available and not known until we arrive.*

Add special instructions on each line or at bottom in the comments section

Name of Event: <u>Gratitude</u>	Day of Event Contact Name: <u>Latitagaun Agaske</u>
Date of Event: <u>May 8th 2016</u> PAC or Schl: <u>International</u>	Day of Event Contact Number: <u>425 378 7719</u>
Description of Event: <u>Dance Performance</u>	<u>Performing Arts Center</u> cell <u>425 223 8073</u>

Add Comments in this column or at bottom ↓		IS	IHS	NHS	SHS
<b>STAGE</b>					
FULL STAGE Or	✓	Y	Y	Y	Y
HALF STAGE Or <small>(Mid-stage forward)</small>		N	Y	Y	Y
APRON ONLY <small>(In front of CLOSED Grand curtain- generally used for lectures)</small>		Y	Y	Y	Y
Grand Curtain Set <small>(how do you want the main curtain to look?)</small>	<b>CIRCLE ONE:</b> 1)Down & closed 2)Down & open 3)Stage Framed (grand valanced at top w/false walls extended)				
<b>LIGHTING</b>					
House/Lecture	<small>Audience and apron lights only</small>	Y	Y	Y	Y
Standard	<small>AS IS when you enter PAC; no light adjustment; Can be operated by User from panel or turned on at start of program and left</small>	Y	Y	Y	Y
Custom	<small>Requires Technician -- Specific; include info on spots &amp; genie lift; COLORED GELS ARE USER PROVIDED</small>	\$Y	\$Y	\$Y	\$Y
<b>AUDIO</b>					
<small>Use of most items requires technician</small>					
Choir Microphones	<small>hung at front of stage; used for choirs</small>	0	2	0	2
Wireless Microphones	<small>Handheld/Lapel (or clip on)</small>	1	2	2/3	1/0
Floor Table Boundry Microphones	<small>lays flat on floor or table; supercardioid condensor</small>	0	2	3	3
Vocal Instrument Microphones	<small>Dynamic Supercardioid</small>	4	6	7	13
Mic Stands		3	4	7	8
Monitors/Speakers	<small>Generally used for musical feedback</small>	2	4	4	3
Communication Head-Sets (wired only)		6	6	6	12
Projector <small>(permanently mounted in front of screens)</small>	<small>EPSON PowerLite 8300NL; User must bring in computer to project presentations</small>	Front	Front	Front	Front
Projection Screen	<small>Permanently mounted in front of main curtain at all schools</small>	Y	Y	Y	Y
<b>USER MUST PROVIDE COMPUTER</b>	<b>No MAC Support</b>	Circle here			
CD Player	<small>*Cannot accept MP3 formatted disks</small>	Y*	Y*	Y	Y*
DVD Player		Y	Y	N	N
Assisted Listening Devices		N	Y	Y	Y
<b>ADDITIONAL OPTIONS</b>					
Podium	<small>Identify which side of stage L C R</small>	Y	Y	Y	Y
Music Stands	<small>Must be Ordered; associated costs (delivery charge) for users only; in bulk of 30; 60 total</small>	\$Y	\$Y	\$Y	\$Y
Choir Risers	<small>Must be Ordered; associated costs (delivery charge) for public users only; 4 sections, 3 risers/20 students per section – no backs</small>	\$Y	\$Y	\$Y	\$Y
Shells	<small>Associated Costs to public users</small>	N	\$Y	\$Y	\$Y
Clouds	<small>Associated Costs to public users</small>	N	N	\$Y	\$Y
Orchestra Pit	<small>Associated Costs; cover removal/installation</small>	N	\$Y	\$Y	\$Y
<b>Other</b>					
Locking Fly Rail	<small>Requires Technidan</small>	N	Y	Y	Y
"Green" Room	<small>List items needed, i.e., tables, chairs</small>	Y	Y	Y	Y
Ticket Booth		N	Y	Y	Y
Coat Room		N	N	N	Y
Lobby		Y	N	N	Y
Other Rooms Needed	<small>List other rooms being requested for use in the school</small>				

(gen. used for musical feedback) \*cannot accept MP3 formatted disks

**Additional Comments:** *(please be as specific as possible, we will be using this to support your event)*