



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 9500 and Procedures 9500.1, 9500.3 and/or 9500.4.

**PART I - APPLICANT INFORMATION**

Name or Organization to be Invoiced: SHS - CTE School/Location Requested: 100 140 AVE SE  
 Responsible Person/Department: ORTANSA MCDONALD Rooms Needed: (attach list if needed) PAC  
 Billing Address: 100 140 AVE SE Dates: (attach list w/times if more than 10 days) May 26 24  
 E-mail Address: mcdonaldo@bsd405.org Phone(Day): 7637 Day(s) 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: 5:00 PM Time Leaving Building: 8:30 PM  
 Primary Use: **ADULT/YOUTH** Food Being Served? **YES**/NO Anticipated Attendance: 150 Event Start Time: 6:00 PM Event End Time: 8:00 PM

Description of Event: Architecture, construction, Engineering (ACE) presentation Night

**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 on-line. Information may also be obtained from the Facilities Office. Checks shall be made payable to Bellevue School District NO. 405. Please indicate the name of the location requested 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 million 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:** Procedure 9500.1, sections 2.II and 2.II, outlines the cancellation procedure for the applicants. Section 7.D outlines cancellation procedure for the District. Additional cancellation information for PACs' is located in Procedure 9500.4, Section 3.D. PAC cancellations must be made at least 30 days prior to scheduled event. If not cancelled before the 30 days, customer could be invoiced 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 9500.1, 9500.3, and/or 9500.4. 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: Ottavio McDonald TODAY'S DATE: Oct 29, 15  
 APPLICANT SIGNATURE

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

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

Calendared 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 type="checkbox"/> Cash/Check	<input type="checkbox"/> POS
Facility Fee: <input type="checkbox"/> Room(s) _____ X _____	# rooms _____	# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Season/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	(Separate Application required for each Season/Session)	# rooms _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
<input type="checkbox"/> Performing Arts Center (PAC)		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Supervision: <input type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Supervision is required for all PAC events in their entirety + 1 hour		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Technician: <input checked="" type="checkbox"/> Type: <u>2 microphones</u>		# hours _____	X \$ _____	rate per tech _____	X _____	# days _____	= \$ _____
Audio, lighting or stage hand _____ #Techs _____		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Custodial*: <input checked="" type="checkbox"/> M-F <input type="checkbox"/> Weekend		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
*For PAC Minimum 2 hrs. Minimum Entire event +3 hours		# hours _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Other (specify): _____		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
(i.e., custodial, kitchen staff, equipment, parking, other)		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Other (specify): _____		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
(i.e., custodial, kitchen staff, equipment, parking, other)		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
Other (specify): _____		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
(i.e., custodial, kitchen staff, equipment, parking, other)		# hours / each _____	X \$ _____	rate _____	X _____	# days _____	= \$ _____
<b>TOTALS:</b>							= \$ _____

SPECIAL INSTRUCTIONS:  Room Fees waived for Wednesday PM After School Programs Check#: \_\_\_\_\_ Check Amount: \_\_\_\_\_ PDS Receipt No. \_\_\_\_\_  
Glenn Miller Date: 10/29/15 Date: \_\_\_\_\_  
 School Signature: (Insures custodial staffing arrangements will be made if required) Facility Use Approval (Indicates event has been approved by the District)