



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: Interlake (ASB/leadership) School/Location Requested: Interlake
 Responsible Person/Department: Jason Rimkus / ASB/leadership Rooms Needed: (attach list if needed) Main Gym
 Billing Address: 16245 NE 24th St Bellevue WA, 98008 Dates: (attach list w/times if more than 10 days) March 29th, 2013
 E-mail Address: rimkusj@bsd405.org Phone(Day) 206 992 0952 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: 7:00 pm Time Leaving Building: 12:30 pm
 Primary Use: **(ADULT/YOUTH)** Food Being Served? YES/NO Anticipated Attendance: 350 Event Start Time: 9:30 pm Event End Time: 11:30 pm

Description of Event: Fundraising dance for invest ed. fund at Interlake High School.

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.III, 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: Jason Rimkus TODAY'S DATE: 2/14/13
 APPLICANT SIGNATURE

Credit Card Payment Information:
 Name on 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 _____	X	\$ _____			X	=	\$ _____
Season/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	(Separate Application required for each Season/Session)	X	\$ _____				=	\$ _____
<input type="checkbox"/> Performing Arts Center (PAC)	# rooms _____	X	\$ _____			X	=	\$ _____
Supervision: <input type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other	# hours _____	X	\$ _____			X	=	\$ _____
Supervision is required for all PAC events in their entirety + 1 hour	# hours _____	X	\$ _____			X	=	\$ _____
Technician: <input type="checkbox"/> Type: _____	# Techs _____	X	\$ _____			X	=	\$ _____
Audio, lighting or stage hand	# hours _____	X	\$ _____			X	=	\$ _____
Custodial*: <input type="checkbox"/> M-F <input type="checkbox"/> Weekend	# hours _____	X	\$ _____			X	=	\$ _____
*For PAC Minimum 2 hrs. Minimum Entire event +3 hours	# hours _____	X	\$ _____			X	=	\$ _____
Other (specify): _____	# hours / each _____	X	\$ _____			X	=	\$ _____
(i.e., custodial, kitchen staff, equipment, parking, other)	# hours / each _____	X	\$ _____			X	=	\$ _____
Other (specify): _____	# hours / each _____	X	\$ _____			X	=	\$ _____
(i.e., custodial, kitchen staff., equipment, parking, other)	# hours / each _____	X	\$ _____			X	=	\$ _____
Other (specify): _____	# hours / each _____	X	\$ _____			X	=	\$ _____
(i.e., custodial, kitchen staff., equipment, parking, other)	# hours / each _____	X	\$ _____			X	=	\$ _____
COMMENTS:						TOTAL:	=	\$ _____

SPECIAL INSTRUCTIONS: Room Fees waved 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)