



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: Organization to be Invoiced: Seattle Chinese School School/Location Requested: Interlake H.S.  
 Responsible Person/Department: Tiffany Kan Rooms Needed: (attach list if needed) Commons  
 Billing Address: P.O. Box 50481, Bellevue, WA 98015 Dates: (attach list w/times if more than 10 days) March 16, 2013  
 E-mail Address: Kantiff@gmail.com Phone(Day) 425-442-1275 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: 12:30 p.m. Time Leaving Building: 3:00 p.m.  
 Primary Use: **ADULT/YOUTH** Food Being Served? **YES/NO** Anticipated Attendance: 400 Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

**Description of Event:** Spring Festival

**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: \_\_\_\_\_ Tiffany Kan TODAY'S DATE: 1-16-2013  
 APPLICANT SIGNATURE

**Credit Card Payment Information:**

Name 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 checked="" type="checkbox"/> Cash/Check <input type="checkbox"/> POS
Facility Fee: <input checked="" type="checkbox"/> Room(s) <u>Commons</u>	X <u>2.5</u>	X \$	rate	X	= \$		
Season/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	# rooms	X \$	rate	X	= \$		
(Separate Application required for each Season/Session)	# hours	X \$	rate	X	= \$		
<input type="checkbox"/> Performing Arts Center (PAC)	# rooms	X \$	rate	X	= \$		
Supervision: <input type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other	# hours	X \$	rate	X	= \$		
Supervision is required for all PAC events in their entirety + 1 hour	# hours	X \$	rate	X	= \$		
Technician: <input type="checkbox"/> Type: _____	# Techs	X \$	rate per tech	X	= \$		
Audio, lighting or stage hand	# hours	X \$	rate	X	= \$		
Custodial*: <input type="checkbox"/> M-F <input checked="" type="checkbox"/> Weekend	<u>4</u>	X \$	rate	X	= \$		
*For PAC Minimum 2 hrs. Minimum Entire event +3 hours	# hours	X \$	rate	X	= \$		
Other (specify): _____	# hours / each	X \$	rate	X	= \$		
(i.e., custodial, kitchen staff, equipment, parking, other)	# hours / each	X \$	rate	X	= \$		
Other (specify): _____	# hours / each	X \$	rate	X	= \$		
(i.e., custodial, kitchen staff, equipment, parking, other)	# hours / each	X \$	rate	X	= \$		
Other (specify): _____	# hours / each	X \$	rate	X	= \$		
(i.e., custodial, kitchen staff, equipment, parking, other)	# hours / each	X \$	rate	X	= \$		
<b>TOTAL:</b>					= \$		

SPECIAL INSTRUCTIONS:  Room Fees waived for Wednesday PM After School Programs Check#: \_\_\_\_\_ Check Amount: \_\_\_\_\_ POS Receipt No. \_\_\_\_\_  
Jerry Dowd Date: 1/16/13 please open teacher's room

School Signature: (Insures custodial staffing arrangements will be made if required) \_\_\_\_\_ Facility Use Approval (Indicates event has been approved by the District)