



INSTRUCTIONS: **PLEASE PRINT.** The applicant is to complete PART I ONLY. The facility scheduler will insert all estimated costs based upon the applicant's user 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**

0328 ~~7526~~ - 13  
 Interlake HS

Name/Organization/Department: Sueme Dining School School Requested: \_\_\_\_\_  
 Responsible Person: Cynthia Papoulayan Rooms Needed: (attach list if needed) Classroom 1006  
 Billing Address: 1740 NE 65th St Dates: (attach list w/times if more than one day) 3/28/13 - 5/23/13  
Redmond WA 98052 1/15 see attachment  
 E-mail Address: cynthia.papoulayan@gorweme.com Day(s) of the Week: (circle) M T W TH F SA SU  
 Daytime Phone: (425) 535-2299  
 Non-Profit? YES / NO NO Primary Use: ADULT / YOUTH Time Entering Building: 8:30 Time Leaving Building: 6:15  
 Food Being Served? YES / NO NO Expected Audience #: 24 Theater Entrance Time: 3:05 Theater Exit Time: 6:15  
 Performance Start Time: 4:00 Performance End Time: 6:00

**Event Description:** New driver training

**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 Facility Use 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.

**INSURANCE:** Applicants agree by their signature hereto to hold the Bellevue School District harmless as a result of their use. In addition, prior to application approval, users may be required to supply a certificate of insurance with a reputable insurance firm, indicating full liability coverage (with the Bellevue School District listed as an additional insured) of at least \$1 million combined single limit bodily injury and property damage. *For use of all Performing Arts Centers (PAC), insurance is required.*

**CANCELLATIONS:** School activities have preference over community use. Procedure 9500.1, sections 2.II and 2.II, outline applicant cancellations and section 7.0 outlines District cancellations. Additional cancellation information for PACs is also located in Procedure 9500.4, section 3.0. Exceptions to the District cancellation procedure include a power curtailment or closure due to weather. PAC cancellations must be done 30 days in advance or up to half of the original estimate could be billed.

**SCHOOL HOLIDAYS:** School facilities are not available for community use during school functions or classified/administrative holidays. PAC rental during holiday schedules must be predetermined by staffing availability.

**AGREEMENT:** By the signature below, the applicant has read and agrees to the terms and conditions stated above, on the reverse side of this application (or page two when downloading on-line) and Bellevue School District 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:** \_\_\_\_\_ TODAY'S DATE: 10/04/12  
 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: \_\_\_\_\_

**FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE**

Calendared by School? YES / NO	Calendared by District? YES/ NO	CLASSIFICATION: 1 2 3 4	Custodian Assigned? YES / NO
Non-refundable Application Processing Fee: _____			CC/Cash <input type="checkbox"/> \$20.00 <input type="checkbox"/> POS
Facility Fee: <input type="checkbox"/> Room(s) <u>1806</u> X <u>2.5</u> X \$ <u>24.00</u> X <u>15</u> = \$ <u>900.00</u>	# rooms	# hours	rate
<input type="checkbox"/> Performing Arts Center (PAC)		# hours	rate
Supervision: <input type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other		# hours	rate
Supervision is required for all PAC events in their entirety + 1 hour		# hours	rate
Technician: <input type="checkbox"/> Type: _____	# Techs	# hours	rate per tech
Custodial*: <input type="checkbox"/> M-F <input type="checkbox"/> Weekend		# hours	rate
*For PAC Minimum 2 hrs. Minimum Entire event + 2 hours		# hours	rate
Other (specify) _____		# hours	rate
(i.e., custodial, technical staff, equipment, parking)		# hours	rate
Season/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		# rooms	rate
(Separate Application required for each Season/Session)		# rooms	rate
<b>Special Instructions/ Comments:</b>			<b>TOTAL: = \$ <u>920.00</u></b>

Check Amount: 1000.00 POS Receipt No. \_\_\_\_\_

School Signature: Tommy J. Rowell Date: 10/9/12  
 School signature insures coordination with custodial staff for event.

Facility Use Office Approval: Paula J. Blaine Date: 10/10/12