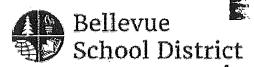
Sammamish Performing Arts Center

recnnical/Equip	oment Kequirem	ients:			
Name if Group:	Seattle	Japanese	School		
Name of Event	Takarazu	ka	E	event Date 12	12/2017
					425) 643 - 166
	act Name and Nun				
Additional Rooms	Used: (some rooms r	eguire approval an	d scheduling through th	ne school)	
			Cafeteria □Other:	<u>=</u>	
Expected Attenda	nce <u>440</u>		Number of Perform	iers 4	
Event Description					
Date	Time In	House	Event Start	Event End	Breakdown
	(set-up)	Opens	Time	Time	time
i.e. 4/5/2016	4:00pm	7:00pm	7:30pm	9:00pm	10:00pm
Stage/Scener	V: □ Grand Drape	Circle: Open or clos	ed 🗆 Center Travelo	er <i>Circle</i> : Open or Clo	osed 🗆 Cyc
			□ Projection Screen (
*	uter or dvd Player (us				
	-				
	: description al staff depending on i				
	, , , - ,				
	umber needed. Numbe			= ■Mac1	
			ed $7(\underline{2}) \square Floor/Bo$		
☐ Mic Stands 2 (_) Boom or straigh	t @Monito	ors M CD Player 🗆	Headsets	
lighting: □ Lect	ure (anron only)	tandard (stage w	ash, can be operated by	/ usar)	
			oved by the PAC Coordinator.		vided by the user.
			pproved by the PAC Coordina		,
	ese are available with o		,		
			Piano upright only	Shells Clouds	□ Orchestra Pit
u rolaing chairs () 🛮 🗆 Tables (i 🗆 Band	i Kisers ()		

Set-Up Diagram/Comments: (any additional needs i.e. chairs in green room, etc.)



RECEIVED

AUG 1 0 2017

Application No.

224549

Bellevue School District Facilities

BUILDING USE/PAC APPLICATION

12037 NE 5TH Street Believue, WA 98005 425-456-4500

_ T1[e.s.			Ар	plicant	Inform	ation				
Name or Organization	1								• .	
To Be Invoiced::	Seattle Japanese School			Today's Date: 8/7/2017			7			
Person Resp	oonsible:	Мао Та	naka	• •			· · · · · · · · · · · · · · · · · · ·			
Billing Address: 919 124th Ave NE			NE Suite207	•				. •		
	Bellev	ue 					W,	Α	98005	· · · · · · · · · · · · · · · · · · ·
	City					;	Stat	e	ZIP Code	
Phone:	(425))643-	1661		Email C	office@)seajsch	ool.org		•
Are you a N	on-Profit	Organizatio	on? ☑Yes □	INo						
Primary Use	: ADL	ULT 🗆	YOUTH 🛮		Anticip	ated Atte	endance:			
			\$	chool	nforma	tion				
School/Loca	ition Requ	uested: Sa	ammamish HS	3						
Rooms Nee	ded: T	heater	÷							
Dates: De	cembei	r 2, 2017	(13:00-17:00))			.*		-	
Day(s) of the	e Week: (check all t	nat apply) □M	□T	□W	ПΤ	□F	ØSA °	□SU	
Time Enterir	ng Buildin	g: <u>13:0</u> 0	1:00	Time L	eaving B	uilding:	17:005:	.00		
			Event	nt End Time:						
Description	of Event:						***************************************		· · · · · · · · · · · · · · · · · · ·	
									•	
								•	0	
•										

	en Î						
		Credit Card Payı	nent Information				
Name on Cre	edit Card:		Credit Card	d #:			
Credit Card N	Nailing Address:		Exp. Date:	Verifica	tion Code:		
City:	State:	Zip:	al may al da 🏃				
Thereby auth	orize Bellevue School D	istrict to charge my	VISA or MASTERC	ARD \$	 -		
Signature:		Date:					
FEES: A \$20 Schedule, pleacurrent fee schedule	non-refundable processin ase click on this link: [inse hedule. Checks shall be in number on the check.	g fee must accompa ert link] or the Facility	ny this application. F Scheduler or the Fa	or information on the cilities Department ha	s copies of the		
volunteers are respect to liab form of an end	Certificate of Insurance, verto be covered and name illity arising out of the opedorsement to the insurance, WA 98005.	d as an additional instractions of the insured	sured, on the Comme I. The General Liabil	ercial General Liability lity coverage can be p	policy with rovided in the		
requirement s defend, protect District, its offi indirectly out of single limit book	e of Insurance should ack hall be provided to the Dis ct, and indemnify for costs icers, employees, agents, of user's use of the facilitie dily injury and property da nd forfeiture of any depo	strict two weeks prior s, legal, and any and and directors, from a es. User(s) shall obta image. Failure to pi	to the scheduled us all other expenses o any and all claims, lia ain liability insurance	e of the facility. User(r damages and to holo abilities, or suits arising for no less than \$1,00	s) shall agree to I harmless the g directly or 00,000 combined		
<u>Cancellations:</u> PAC cancellations must be in writing at least 30 days in advance of the scheduled use. For notice provided less than 30 days before the scheduled use, the user is subject to a charge of up to half the total original cost. If a scheduled facility use is changed and/or cancelled, the user shall notify the building principal or designee in writing seventy-two (72) hours in advance of the scheduled use. To be eligible for a refund or fee adjustment, user must comply with this 72 hour advance notice.							
#15.00		Agreement a	nd Signature		2.0		
stated above District Prod	grees by their signature e, and the Terms and C edures 9500.1, 9500.3, this Building Use Appl partment.	onditions of the at and/or 9500.4. Ap	tached Agreement proval by the Dist	t (please see Page 3 rict will be indicated	B), and with the d by the		
Signature: _	· Chi	tanaka		Date:(0	/10/17		
Signature: _	School (insures custodial	staffing arrangements v	vill be made if required)	Date:			
Signature:	Facility Department Ap	oproval	·	Date:			

[Note for school: Please tape a copy of any receipt of payment, before sending application to the Facilities Department]