



BUILDING USE APPLICATION

APPLICATION NO.

Bellevue School District

12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500

71003

Event ID 94607

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: People Media
Responsible Person/Department: Kutumbanog Melka
Billing Address: #310 Key Center Building, 1124 AVONUE NE, BA, WA
E-mail Address: kutumbanog.melka@peoplemedia.com
Phone (Day): 425 638 3298
Non-Profit? YES/NO: Please provide Non-Profit #
Primary Use: ADULT/YOUTH Food Being Served? YES/NO Anticipated Attendance:

School/Location Requested: Interlake
Rooms Needed: (attach list if needed) PAC
Dates: (attach list w/times if more than 10 days) Sat 9th June 2013
Day(s) of the Week: (circle all that apply) M T W TH F SA SU
Time Entering Building: 6AM Time Leaving Building: 6PM
Event Start Time: 10AM Event End Time: 8PM

Description of Event: Musical recital show with participants singing songs on stage.

FEES: A \$20.00 non-refundable processing fee must accompany this application. Facility Scheduler has copies of the current fee schedule... INSURANCE: Applicants agree by their signature below to hold the Bellevue School District harmless as a result of their use... CANCELLATIONS: Procedure 9500.1, sections 2.10 and 2.11, outlines the cancellation procedure... 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...

ACCEPTANCE OF TERMS: [Signature] APPLICANT SIGNATURE TODAY'S DATE: 5/2/2013

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

Table with columns: Calendared by School or District?, CLASSIFICATION (1, 2, 3, 4), Certificate of Insurance received YES/NO, Facility Fee, Season/Session, Supervision, Technician, Custodial, Other. Includes handwritten entries for room fees, rates, and processing fees.

SPECIAL INSTRUCTIONS: Room Fees waived for Wednesday PM After School Programs Check#: Check Amount: POS Receipt No. 494961 School Signature: T. Nowell Date: 5/7/13 Facility Use Approval (Indicates event has been approved by the District)