



BUILDING USE APPLICATION
Bellevue School District
12037 NE 5th Street, Bellevue, WA 98005: 425-456-4500

COPY APPLICATION NO.

195748

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 8500 and Procedures 8500.1, 8500.2 and/or 8500.4.

PART I - APPLICANT INFORMATION

Name of Organization to be Involved: JET USA School or location being requested: Interlake high school
 Request by Person/Department: RAGHU KONDA Rooms Needed: (attach list if needed): Theater
 Billing Address: 10645 242 ND PL NE, REDMOND Dates: (attach list w/times if more than 10 days) 06/19/2016
WA 98033
 Contact Person: RAGHU KONDA Phone: (attach list if more than 10 days) 925647179 Day(s) of the Week: (circle all that apply) M T W TH F SA SU
 Non-Profit? (YES/NO): Please provide Non-Profit # 30-5997444 Time Entering Building: 3:00 PM Time Leaving Building: 8:30 PM
 Person User: ADULT/VOLUNT Food Being Served? YES/NO: 350 Anticipated Attendance: 350 Event Start Time: 4:00 PM Event End Time: 7:00 PM

Description of Event: cultural show

FEES: A \$50.00 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 should 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 minimum coverage from and covering 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 Performance Arts Center (PAC) CANCELLATIONS: Procedure 8500.1 sections 210 and 214, outlines the cancellation procedure for the applicants. Section 7.0 outlines cancellation procedure for the District. Additional cancellation information for PACs is located in Procedure 8500.4 Section 9.0. PAC cancellations must be made at least 30 days prior to scheduled event. If not cancelled before the 30 days, customer could be notified for use of the original schedule. Exceptions to the District cancellation procedure include power outages or closures due to inclement weather conditions as determined by school officials. **SCHOOL HOLIDAYS:** Be advised that there are no 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 8500.1, 8500.2 and/or 8500.4. 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: K. Lohman Kandi Reddy TODAY'S DATE: 03/16/2016
 APPLICANT SIGNATURE

Credit Card Payment Information:
 Name on Credit Card: RAGHU RAGHU REDDY KONDA Credit Card #: 4211 5661 0717 8763 Exp. Date: 08/18 Verification Code: 010
 Credit Card Billing Address: 10645 242 ND PL NE City: REDMOND State: WA Zip: 98053
 I hereby authorize Bellevue School District to charge my VISA or MasterCard? 25 Signature: K. Lohman Kandi Reddy Date: 03/16/2016

FACILITIES USE ONLY: PART II - FEES ESTIMATE

Classified by School or District? (circle applicable option)	CLASSIFICATION: (circle one) 1 2 3 4	Certificates of Insurance received YES / NO
<input type="checkbox"/> Charge crafting 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 \$ rate
Season/Session: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	X # hours	X \$ rate
(Separate Application required for each Season/Session)	X # rooms	X \$ rate
<input type="checkbox"/> Performance Arts Center (PAC)	X # hours	X \$ rate
Supervision: <input type="checkbox"/> Staff <input type="checkbox"/> School Tech* <input type="checkbox"/> Other	X # hours	X \$ rate
Supervision is required for all PAC events in their entirety < 1 hour	X # hours	X \$ rate
Technical: <input type="checkbox"/> Type: Audio, lighting or stage hand	X # hours	X \$ rate per tech
Custodial: <input type="checkbox"/> M-F <input checked="" type="checkbox"/> Weekend	X # hours	X \$ rate
*For PAC Minimum 2 hrs. Minimum Entire event +3 hours	X # hours	X \$ rate
Other (specify):	X # hours / each	X \$ rate
(i.e., custodial, kitchen staff, equipment, parking, other)	X # hours / each	X \$ rate
Other (specify):	X # hours / each	X \$ rate
(i.e., custodial, kitchen staff, equipment, parking, other)	X # hours / each	X \$ rate
Other (specify):	X # hours / each	X \$ rate
(i.e., custodial, kitchen staff, equipment, parking, other)	X # hours / each	X \$ rate
COMMENTS:		TOTAL: = \$

SPECIAL INSTRUCTIONS: Room Fees waived for Wednesday PM After School Programs

Check # MB Check Amount: _____ POS Receipt # _____
 Date: _____ Date: _____

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