



**BUILDING USE APPLICATION**

12037 NE 5<sup>TH</sup> Street  
Bellevue, WA 98005  
425-456-4500

**Applicant Information**

Name or Organization To Be Invoiced: Washington Telangana Organization ( WATG) Date: 3/6/2019

Person Responsible: Sreedhar Kukunooru

Billing Address: 1234 238th Ave SE

Sammamish WA 98075  
City State ZIP Code

Phone: 425 533 3641 Email: watgteam@gmail.com

Are you a non-profit organization?  Yes  No If yes, please provide your UBI #: 603 363 117

Primary Use: ADULT  YOUTH  Anticipated Attendance: 500

**School Information**

School/Location Requested: Newport High School

Rooms Needed: Commons ( Note: We already have reservation for the Auditorium for the same date)

Dates: 6/1/2019

Day(s) of the Week: (circle all that apply) M T W T F SA SU

Time Entering Building: ~~2:30PM~~ 3:00 PM Time Leaving Building: 10:30PM

Event Start Time: 3PM Event End Time: 10PM

Description of Event: A cultural event to bring community together.

Will food/beverages be served at this event?  Yes  No If yes, what time will food/beverage be served: 6PM

**Payment Information**

Bellevue School District accepts the following forms of payment for processing fees and rental fees:  
Cash, Credit Card, and Checks

If less than \$300, please submit to the Scheduler at the School of Choice, if more than \$300, please call the Facilities Office at 425-456-4500.

**Requirements**

**FEES:** A \$20 non-refundable processing fee must accompany this application. For information on the Building Use Fee Schedule, please go to <http://www.bsd405.org/departments/facilities/use/> or the Facility Scheduler or the Facilities Department has copies of the current fee schedule. Checks shall be made payable to: Bellevue School District No. 405. Please indicate the school and application number on the check. **You may be charged for site supervisor(s) for your event. An estimate of fees will be sent along with a signed building use application when your rental is confirmed.**

**Insurance:** A Certificate of Insurance and an Additional Insured Endorsement Form (note: no blanket endorsements will be accepted), with Bellevue School District No. 405, its directors, officials, employees, and volunteers are to be covered and named as an additional insured, on the Commercial General Liability policy with respect to liability arising out of the operations of the insured. The policy must have **ADDITIONAL INSURED** provisions and be endorsed. The address to be noted on the certificate of insurance should be 12111 NE 1<sup>st</sup> St., Bellevue, WA 98005.

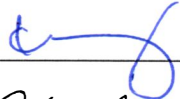
The Certificate of Insurance should acknowledge the hold harmless agreement stated below and the liability insurance requirement shall be provided to the District one week prior to the scheduled use of the field. User(s) shall agree to defend, protect, and indemnify for costs, legal, and any and all other expenses or damages and to hold harmless the District, its officers, employees, agents, and directors, from any and all claims, liabilities, or suits arising directly or indirectly out of user's use of the synthetic fields, and related or adjacent facilities. User(s) shall obtain liability insurance for no less than \$1,000,000 combined single limit bodily injury and property damage. **Failure to provide the certificate and endorsement shall result in cancellation of the building use and forfeiture of any deposit.**

**Cancellations:** Building use cancellations must be in writing seventy-two (72) hours in advance of the scheduled use to be eligible for a refund or fee adjustment.

**Hours:** Evening use of school facilities shall conclude no later than 10:30pm.

**Agreement and Signature**

*Applicant agrees by their signature below that they have read and agree to the terms and conditions stated above, and the Terms and Conditions of the attached Agreement, and with the District Procedures 4260.1P, 4260.3P, and/or 4260.4P. Approval by the District will be indicated by the issuance of this Building Use Application, and a Fees Estimate sheet approved by the School and the Facilities Department.*

Signature:  Date: 3.6.2019

Signature: Charlene E. Jones, CEO Date: 3-7-2019  
School (insures custodial staffing arrangements will be made if required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Facility Department Approval

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