



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

APPLICATION NO.
 No. 53 - _____

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

Name/Organization: CTE
 Contact Person: J. Mason, K Carpenter
 Billing Address: 12111 NE FIRST ST
BELLEVUE WA 98005
 E-mail Address: CarpenterK@BSD405.org
 Daytime Phone: 425-456-4181

School Requested: NHS
 Rooms Needed: (attach list if needed) _____
Theater
 Dates: (attach list w/times if more than one day) 5/11
 Day(s) of the Week: (circle) M T **(W)** TH F SA SU
 Time Entering Building: 4:00 Performance Start Time: 6:00
 Time Leaving Building: 7:00 Performance End Time: _____

Non-Profit? YES / NO
 Food Being Served? YES / NO
 Primary Use: **ADULT** / **YOUTH**
 Expected Audience #: _____

Event Description: CTE Year End Advisory Committee mtg

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 2.10 and 2.11, 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: Kathleen Carpenter TODAY'S DATE: 4/18/11
 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)	_____ X	X \$ _____ rate	X # days = \$ _____
<input type="checkbox"/> Performing Arts Center (PAC)	_____ # rooms	X \$ _____ rate	X # days = \$ _____
Supervision: <input type="checkbox"/> Site <input type="checkbox"/> School Tech*	<input type="checkbox"/> Other	X \$ _____ rate	X # days = \$ _____
Supervision is required for all PAC events in their entirety + 1 hour	_____ # hours	X \$ _____ rate per tech	X # days = \$ _____
Technician: <input type="checkbox"/> Type: _____	_____ # hours	X \$ _____ rate	X # days = \$ _____
Custodial*: <input type="checkbox"/> M-F <input type="checkbox"/> Weekend	_____ # hours	X \$ _____ rate	X # days = \$ _____
*For PAC Minimum 2 hrs. Minimum Entire event + 2 hours	_____ # hours	X \$ _____ rate	X # days = \$ _____
Other (specify): _____	_____ # hours	X \$ _____ rate	X # days = \$ _____
(i.e., custodial, technical staff, equipment, parking)	_____ # hours	X \$ _____ rate	X # days = \$ _____
Special Instructions/ Comments:	_____ # hours	TOTAL:	= \$ _____

Check#: _____ Check Amount: _____

School Signature: _____ **Date:** _____
School signature insures coordination with custodial staff for event.

Facility Use Office Approval: _____ **Date:** _____

PAC EQUIPMENT FORM

Name of Event: CTE General Advisory Committee	Your Name: Kathy Carpenter
Date of Event: 5/11/11	School: NHS
Contact Number: 4181	
Description of Event: General Advisory Committee meeting for teachers, staff and Advisory Committee members. Presentations, meetings,	

FORM DIRECTIONS:

Complete this form by checking all boxes required for event. Add special instructions on each line or at bottom and turn in 30 days in advance of program. Email back to sender or fax to 425.456.4584.

KEY:
 If available, a 'Y' will be indicated, if not a 'N' is indicated;
 If a number is indicated it means that is the total amount at that school;
 When a dollar sign is indicated it means there are associated costs;

Add Comments in this column ↓		CHECK HERE ↓	IS	IHS	NHS	SHS
STAGE						
FULL STAGE Or		<input type="checkbox"/>	Y	Y	Y	Y
HALF STAGE Or	(From mid-traveler forward)	<input type="checkbox"/>	N	Y	Y	Y
APRON ONLY	(In front of Grand curtain only)	<input checked="" type="checkbox"/>	Y	Y	Y	Y
Grand Curtain Set	Circle one of the following: <u>1)Down & closed</u> 2)Down & open 3)Framed	<input type="checkbox"/>	/	/	/	/
Projection Screen	Permanently mounted in front of grand	<input checked="" type="checkbox"/>	Y	Y	Y	Y
Podium	Identify which side of stage <u>Left</u>	<input checked="" type="checkbox"/>	Y	Y	Y	Y
Choir Risers		<input type="checkbox"/>	N	Y	Y	Y
Band Risers		<input type="checkbox"/>	N	Y	N	N
Platforms		<input type="checkbox"/>	N	N	N	Y
Shells	Associated Costs	<input type="checkbox"/>	N	\$Y	\$Y	\$Y
Clouds	Associated Costs	<input type="checkbox"/>	N	N	\$Y	\$Y
LIGHTING						
House/Lecture	Audience and apron only	<input type="checkbox"/>	Y	Y	Y	Y
Standard	Operated by User from panel	<input checked="" type="checkbox"/>	Y	Y	Y	Y
Custom	Requires Technician -- Specific; include info on spots & genie lift	<input type="checkbox"/>	\$Y	\$Y	\$Y	\$Y
AUDIO						
Use of most all items below requires a technician						
Choir Mic		<input type="checkbox"/>	2	2	0	2
Stage Monitor		<input type="checkbox"/>	4	4	4	4
Handheld Wireless		<input checked="" type="checkbox"/>	1	1	2	1
Lapel Wireless		<input type="checkbox"/>	0	1	1	1
Countryman Wireless		<input type="checkbox"/>	0	1	1	1
Floor Mic		<input type="checkbox"/>	0	4	0	3
Directional Mic		<input type="checkbox"/>	2	6	6	6
Instrument Mic		<input type="checkbox"/>	1	2	2	2
Communication Head-Sets		<input type="checkbox"/>	6	6	12	6
Projector (permanently mounted)	In most cases, customer must bring in their own computer to project presentations/dvds from	<input checked="" type="checkbox"/>	Front	Front	Front	Rear
CD Player		<input type="checkbox"/>	Y	Y	Y	Y
DVD Player		<input type="checkbox"/>	Y	Y	N	N
Assisted Listening Devices		<input type="checkbox"/>	N	Y	Y	Y
Mic Stands		<input type="checkbox"/>	Y	Y	Y	Y
Music Stands	Must be Ordered in bulk of 30; 60 total	<input type="checkbox"/>	Y	Y	Y	Y
Piano	Uprights only; flat use fee of \$120.00	<input type="checkbox"/>	\$Y	\$Y	\$Y	\$Y
Computer (User Provided)		<input type="checkbox"/>	N	N	N	N
Other						
"Green" Room		<input type="checkbox"/>	Y	Y	Y	Y
Ticket Booth		<input type="checkbox"/>	N	Y	Y	Y
Coat Room		<input type="checkbox"/>	N	N	N	Y
Orchestra Pit	Flat Fee of \$100.00 cover removal/installation	<input type="checkbox"/>	N	\$Y	\$Y	\$Y
Lobby		<input type="checkbox"/>	Y	N	N	Y
Other Rooms Needed		<input type="checkbox"/>				

Additional Comments: (please be as specific as possible, we will be using this to support your event)