



Code: KG-AR(4)
Adopted: 9/12/12

FACILITIES RENTAL/USE APPLICATION

Estacada School District
255 NE 6th Avenue
Estacada, OR 97027 Tel. (503) 630-6871 x. 2860

Facility Requested: _____
Fax: (503) 630-8513

Day(s) and date (s): _____ Area/Building _____

Time of event: Begins: _____ am/pm Ends: _____ am/pm (Include set up and clean up)
Time area needs to be reserved: Begins: _____ am/pm Ends: _____ am/pm

Day(s) and date (s): _____ Area/Building _____

Time of event: Begins: _____ am/pm Ends: _____ am/pm (Include set up and clean up)
Time area needs to be reserved: Begins: _____ am/pm Ends: _____ am/pm

Name of Applicant: _____ Phone: _____ Size of Group: _____

Nature of Use: _____

Responsible Person: _____ Phone: (Home) _____ (Work) _____

E-Mail Address: _____

Applicant Address: _____

Street

City

State, Zip

Keys/Access Cards Issued : Yes No Key Number: _____ Card Number: _____ Initials: _____

\$99 Key Deposit Collected: Yes No Return Date: _____ Initials: _____

Deposit Returned: Yes No

List Equipment Being Requested: _____

Auditorium: Lighting yes no

Auditorium Sound System: yes no

Personnel Fees: (Classified and Technical Staff carry a minimum charge of four hours at the rate listed below)

Classified Staff: _____ hrs @ _____/hr. X _____ hrs. Total Cost: \$ _____

Technical Staff: _____ hrs @ _____/hr. X _____ hrs. Total Cost: \$ _____

Facilities Rental/Application Fees:**Application Fee:**

Total Cost: \$ _____

1. _____ @ _____ /hr. X _____ hrs

Total Cost: \$ _____

2. _____ @ _____ /hr. X _____ hrs

Total Cost: \$ _____

3. _____ @ _____ /hr. X _____ hrs

Total Cost: \$ _____

4. _____ @ _____ /hr. X _____ hrs

Total Cost: \$ _____

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Total Amount To Be Paid: \$ _____ Date Paid: _____ Check # _____

(Rent plus deposits)

Date Deposit was returned _____

Amount _____

Is applicant a Non Profit? yes no

If yes, please provide tax id number _____

If required, please list your insurance carrier and policy number: _____

Agreement Between Applicant and Estacada School District:

In signing this application, I understand that I am responsible for the conduct of our participants and for any damage, beyond normal wear and tear, which may occur to the Estacada School District facilities or equipment. I agree that the facility will be used in accordance with the rules and policies stated in the Estacada School District Facilities Use Handbook. Further, I agree that the facility will be used in accordance with any special provisions stipulated by the appropriate District staff (i.e., Building Administrators, Maintenance and Custodial Supervisor, etc).

SIGNED

Date

PRINT NAME _____

District Approval:_____
SIGNED

Date

PRINT NAME _____