



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

COPY APPLICATION NO. 78323

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: Backstage Dance Studio School Requested: Sammamish High Theater
 Contact Person: MARTY ROBERTS / JUVIE WENDELTON Rooms Needed: (attach list if needed) _____
 Billing Address: 13420 SE 32ND ST Theater
BELLEVUE WA 98005 SKWENDELTON@COMCAST.NET Dates: (attach list if needed) 11/6 3-8pm
 E-mail Address: marty@backstagedance.com
 Daytime Phone: 425-747-9070 / 425-894-8998 Day(s) of the Week: (circle) M T W TH F SA SU
 Non-Profit? YES / Participant Fee or Charge? YES NO / Business? YES NO / Private? YES NO Time Entering Building: 3:00 Performance Start Time: _____
 Primary Use: ADULT YOUTH / Expected Audience Number: 200 / Food Being Served? YES / NO Time Leaving Building: 8:00 Performance End Time: _____

Event Description: DANCE TEAM SHOW

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: see App #78322 TODAY'S DATE: 4-22-09
 APPLICANT SIGNATURE _____

Credit Card Payment Information:
 Name on Credit Card: MARTY ROBERTS Credit Card #: 4147341025602347 Exp. Date: 1/12 Verification Code: 0600
 Credit Card Mailing Address: 3925 LINCOLN AVE NE City: KENTON State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ 20.00 Signature: _____ Date: 4-22-9

FOR DISTRICT/SCHOOL SCHEDULER ONLY: PART II - FEES ESTIMATE

Calendared by School? YES NO	Calendared by District? <u>YES</u> NO	CLASSIFICATION: 1 2 <u>3</u> 4	Custodian Assigned? YES NO
Non-refundable Application Processing Fee:			POS <input type="checkbox"/> \$20.00 <input type="checkbox"/> Paid
Facility Fee:	<input type="checkbox"/> Room(s) _____ X	# rooms _____	X \$ _____ = \$ _____
	<input checked="" type="checkbox"/> PAC	# hours <u>5</u>	X \$ <u>57.00</u> rate = \$ <u>285.00</u>
Supervision:	<input checked="" type="checkbox"/> Site <input type="checkbox"/> School Tech <input type="checkbox"/> Other	# hours <u>6</u>	X \$ <u>48.00</u> rate = \$ <u>288.00</u>
Technical:	<input checked="" type="checkbox"/> Audio <input type="checkbox"/> Lighting <input type="checkbox"/> Stagehand	# hours <u>6</u>	X \$ <u>32.00</u> rate = \$ <u>192.00</u>
Custodial*:	<input type="checkbox"/> M-F <input checked="" type="checkbox"/> Weekend	# hours <u>7</u>	X \$ <u>36.00</u> rate per tech = \$ <u>252.00</u>
Other (specify): _____		# hours _____	X \$ _____ rate = \$ _____
(i.e., custodial, technical staff, equipment, parking)		# hours _____	X \$ _____ rate = \$ _____
Special Instructions:		# hours _____	X \$ _____ rate = \$ _____
		TOTAL:	= \$ _____

Check Number: _____ Check Amount: \$ _____ Supplemental Fee worksheets attached and included in total above:

School Signature: _____ Date: _____
School signature insures custodial staff available for event.

Facility Use Office Approval: _____ Date: _____