

Bellevue School District
12037 NE 5th Street, Bellevue, WA 98005; 425-456-450 ORIGINALSO

INSTRUCTIONS: **PLEASE PRINT.** The applicant is to complete PART I <u>DNLY.</u> 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.

N	-t:_ (D	OTS A	PART I -	APPLICANT IN				- 11-	
Name/Organization/Department					School Requested Interlate Hanschoo				
Billing Address: P.O. Bo x 931					Rooms Needed: (attach list if needed) Production / King C				
Bellevie, up 98009					Dates: (attach list w/times if more than one day <u>COMMONS</u> JUNE 18+N From 5:30-7:30pm				
F. SALL	1		•		0 00 10	L I OTV	<u> </u>	n 5:30	-7:30pm
E-mail Address			zil-com	<u> </u>	Day(:	s) of the Week (circ	le)(M) ĭ	W TH F	SA SU
Daytime Phone	: <u>425-6</u>	81-6197				4.70			100
2012-00000 CHEST VIOLENCE	? YES / NO	Primary Use:	SAR COSCIO MONORAL CONSTRUCTO SE CONTRA CONT		ring Building: steered Time	(if differs from above)		eaving Building / Exit Time: (if differs from	:30pm
Food Being	Served? YES / NO	Expected Aud	ience #:		nce Start Timi			rance End Time:	7:30
Event D	escription:	Student	- "sew	1 off		(C) 2	17		
FEES: A \$20.0	O non-refundable processio	ng fee must accompany this applica	ition. Facility Scheduler	has copies of the c	current fee sch	edule or one may be:	obtained on-line. Inf	armatian may also be o	htained from the Facility
Use Office. Ched	cks shall be made payable to	s Bellevue School District NO. 405.	Please indicate the name	e of the location req	juested and app	dication number on yo	ur check.	•	
INSURANCE.	Applicants agree by their	signature hereto to hold the Bell	evue School District har	mless as a result o	of their use. In	addition, prior to app	olication approval, u	sers may be required to	supply a certificate of
all Performing A	i reputable insurance firm, i Arts Centers (PAC) insuran	ndicating full liability coverage (wit ce is required: CANCELLATION	n the believue School Di S- School artiidties ha	strict listed as an ac we profesence mer	datanal Insure Longonia	d) of at least 11 million a Procedure 9500 t	i combined single lim continue 2 lB and 2 t	it bodily injury and prop	erty damage. <i>for use of</i>
autlines District	cancellations. Additional o	ancellation information for PACs'	is also located in Proce	dure 9500.4, sectio	on 3.0. Excepti	ons to the District ca	occuons 2,10 and 2,1 occlation procedure	include a power curtai	lment or closure due to
weather. PAC ca	ancellations must be done 3	O days in advance or up to half of t	he original estimate coul	ld be billed.					
		are not available for community u se applicant has read and agrees t							
Procedures 950	0.1, 9500.3, and/or 9500.4.	Approval by the District will be in	licated by the issuance o	of this BUILDING USF	APPLICATION,	which has been signed	by all parties.		
ACCEPTANC	E OF TERMS:		\sim			TODAY'S DAT	TE:	5-10-12	<u> </u>
	·	APPI	ICANT SIGNATURE					·	
Credit Card	Payment Information	7:				,			
Name on Credit Card: Credit Card #:			#:		Exp. Date:			Verification Gode:	
Credit Card Mailing Address:						City:		State: Zip:	
I hereby authorize Bellevue School District to charge my VISA or MasterCard \$,			Date:	· · · · · · ·
				Signature:	•				
PAKI II – FI	EES ESTIMATE FOR	SCHOOL/DISTRICT US	E UNLY:	etin tura kiri ada saatau reta can zawa kaza:	TOOLSWEED TOOKS VY STRONG (· · · · · · · · · · · · · · · · · · ·		erroammaroom oa transporter (* 1881). A. a.	15. Zazi N.Cathalli, in Surra, in resulta i inflamo, approxima
Calendared (by School? YES / N	O Calendared by D	istrict?(YES) NC	I CLASS	HICATION	1)234	Cust	adian Assigned?	YES/NO
Non-refundabl	le Application Processir	ng Fee:		***************************************			[C Cash 🔲 \$20.0	IO 🔲 POS
Facility Fee:	X Room(s)	Comman	15 x _		Х \$.	0	χ	= \$	· · · · · · · · · · · · · · · · · · ·
	Performing Arts (# PB 'anton (DAP)*	oms	#.hours	v •	7	#days v	_ • 1)0.	CHAPGE
	Supy is required for a		_	# hours	ΛΨ.	J Oratez	# days	- 10 700	C 2 2 4
Staff:	ZAC Site Supv	School Tech		4	X \$	48:00	χ	= \$	12.00
	X Technician	Other		# hours	X \$ _	32.00	# days X	= \$ /2	8,00
Custodial*:	/ □M-F	Weekend		# hours	v da	rate per tesh	# days v	, (X	0-00
·For PAC	im-r Mhimum 2 hrs.		·	# hours	х \$ -	rate	X	= \$ <u> </u>	
Other (specify)			<u>.</u>	,, man 5	X' \$	1005	χ	= \$	•
•	technical staff, equipmen		,	#hours		rate	# days	-	.
Season/Session:					X \$ _			= \$	
				# rooms 🧪		rate	TOTAL:	- e 40	10 OO
oherigi iuz	structions/Comn)EHLS:					HUIAC	- • <u>/</u> _	
Check#:	Check Amour	nt: POS Rece	ipt No						
School Sig	nature:			— +*				Date:	٠.
		ith custodial staff for event.						outs.	
Capiller IIaa	Affier Annoust								