



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

ORIGINAL APPLICATION NO. _____
 event ID **88164**

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: CARE & SHARE School Requested: IHS
 Contact Person: ASHLEY ELENJIKAL Rooms Needed: (attach list if needed) GREEN ROOM + THEATER
 Billing Address: _____
 Dates: (attach list w/times if more than one day) 3/23/2013 - 11 AM - 9 PM
 E-mail Address: _____
 Daytime Phone: _____
 Day(s) of the Week: (circle) M T W TH F SA SU 5 30
 Non-Profit / Primary Use: ADULT YTH / Food Being Served / Expected Audience # 350 Time Entering Building: 11 AM Performance Start Time: 5 PM
 Time Leaving Building: 9 PM Performance End Time: 8 PM - 8 45

Event Description: LIVE ORCHESTRA 10pm

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 7.10 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: _____ ASB APPLICANT SIGNATURE TODAY'S DATE: 11/27/2012

Credit Card Payment Information: _____
 Name on Credit Card: _____
 Credit Card Mailing Address: _____
 I hereby authorize Bellevue School District to _____ Date: _____

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

Facility Fee:	# rooms	# hours	rate	# days	= \$
<input type="checkbox"/> Room(s)	X				
<input checked="" type="checkbox"/> Performing Arts Center (PAC)		<u>11</u>	<u>57</u>	X	<u>627</u>
Supervision: <input checked="" type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other		<u>12</u>	<u>48</u>	X	<u>576</u>
Supervision is required for all PAC events in their entirety + 1 hour		<u>12</u>	<u>32</u>	X	<u>384</u>
Technician: <input checked="" type="checkbox"/> Type: _____		<u>4</u>	<u>42</u>	X	<u>168</u>
Custodial*: <input type="checkbox"/> M-F <input checked="" type="checkbox"/> Weekend					
*For PAC Minimum 2 hrs. Minimum Entire event + 2 hours					
Other (specify): _____					
(i.e., custodial, technical staff, equipment, parking)					
Other (specify): _____					
(i.e., custodial, technical staff, equipment, parking)					
Special Instructions:					
TOTAL:					<u>1555</u>

Check#: _____ Check Amount: _____
 School Signature: _____ Date: _____
 School signature insures coordination with custodial staff for event.

Facility Use Office Approval: ASB _____ Date: _____