



FACILITY AND EQUIPMENT USE APPLICATION

All users of District 48 facilities must complete application

- Initial Request
- Revised Request

Date Submitted: _____

MUST BE COMPLETED BY APPLICANT

The undersigned, hereby makes APPLICATION to USE: _____ school/facility

on behalf of: NAME OF ORGANIZATION OR INDIVIDUAL: _____ for,

DESCRIBE ACTIVITY: _____

DATE: (if one day only) _____ DAY(S) OF THE WEEK: _____

If Continuous, BEGINNING DATE: _____ ENDING DATE: _____

HOURS: _____ AM PM to _____ AM PM

To be held: ONE TIME ONLY WEEKLY MONTHLY MORE THAN ONE TIME A WEEK

APPROXIMATE # OF PARTICIPANTS/SPECTATORS PER DAY: YOUTH _____ ADULT _____

ACTIVITY IS FOR: BSD STUDENTS BSD EMPLOYEES OPEN TO PUBLIC

Beaverton School District reserves the right to require the applicant to provide liability insurance coverage.

Applicant has current liability coverage? Yes No

ROOM(S) REQUESTED

- | | | |
|--|---|--|
| <input type="checkbox"/> AUDITORIUM | <input type="checkbox"/> GYM | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> MULTIPURPOSE ROOM | <input type="checkbox"/> DRESSING ROOMS | <input type="checkbox"/> KITCHEN EQUIPMENT* (cafeteria employee) |
| <input type="checkbox"/> CLASSROOM | <input type="checkbox"/> SHOWERS | <input type="checkbox"/> EQUIPMENT* (AV, Scoreboard, etc.) |
| <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> KITCHEN | * Regular school personnel required |

SUPERVISOR AND BILLING INFORMATION

SUPERVISOR NAME: _____ CELL PHONE: _____

CHARGES FOR FACILITY USE (IF ANY) WILL BE PAID BY:

NAME: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS AND CONDITIONS

- I agree to be responsible for the conduct of the participants and spectators in and about the building and for any damage beyond ordinary wear and tear which may occur to school property incident to my occupancy and/or uses thereof, and I also hereby agree to defend, indemnify and hold harmless the Beaverton School District from any and all claims, loss, cost, or damage rising out of the use of the building covered by this application; and I further agree that the school property will be used in accordance with rules and regulations of the District School Board and the Local School Committee. Smoking, or the use of any drug, alcohol, or tobacco products, is prohibited on all Beaverton School District property including buildings and outdoor areas. The applicant agrees to adhere to the Federal and State OSHA Standard on Bloodborne Pathogens.
- Beaverton School District reserves the right to require the applicant to provide liability insurance which covers the applicant, the applicant's activities, and includes the Beaverton School District as an additional named insured. The applicant's insurance will be primary before the District's insurance coverage.
- Beaverton School District is non-discriminatory, and users must also be non-discriminatory. The user agrees to not discriminate against individuals on the basis or race, religion, disability, sex or age in the use of District facilities. The user agrees to provide to a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is equal to that afforded others involved in the user's program or activity.
- Food handling and preparation in Beaverton School District facilities must comply with Washington County Health Department guidelines. (call 503.648.8722)

Hard copy distribution: ① Original with signatures to Risk Management ② Retain copy at school/facility ③ Provide copy to applicant

TERMS AND CONDITIONS - CONTINUED

- If the building is not to be used on the date requested, the school office must be notified at least 48 hours prior to the event. FAILURE TO PROVIDE 48 HOURS NOTIFICATION OF CANCELLATION WILL RESULT IN A MINIMUM TWO-HOUR CUSTODIAL CHARGE.
- Failure to pay all charges in full will result in denial of future uses.
- A fee may be charged for field or parking lot clean-up.
- Users of school facilities agree to abide by Local School Committee conditions imposed by the school.

Signature of Authorized Representative (required)

Date

FEE SCHEDULE WORKSHEET (to be completed by school/facility)

Complete the following to determine fees. See Administrative Regulation KG-AR to determine which groups are charged fees.

Building Fees						
	Days of Use		Hours of Use		Fee Per Hour	Total Cost
High School		x		x	\$28.75	=
Middle School		x		x	\$19.50	=
Elementary School		x		x	\$16.00	=

Specialty Electricity (Lighting) Fees						
	Days of Use		Hours of Use		Fee Per Hour	Total Cost
Field Lights		x		x	\$8.00	=

Other Fees						
Equipment Usage (i.e.: Kitchen ovens/stoves; Computers; A/V systems; etc.)						
	Number of Equipment Items		Hours of Use		Fee Per Hour	Total Cost
		x		x	\$19.50	=

Labor Costs			Total Hours		Fee Per Hour	Total Cost
Custodian (overtime & holiday costs only)	2hr Min.			x	\$53.00	=
Monitor (overtime & holiday costs only)	2hr Min.			x	\$26.50	=
Cafeteria Worker (must be on duty if kitchen is used)	2 hr Min.			x	\$50.50	=
Theater Technician (required with sound and/or stage lighting)	2 hr Min.			x	\$57.50	=

GRAND TOTAL FEE	\$
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MUST BE COMPLETED BY SCHOOL

The following must be completed prior to submitting application to Risk Management/Business Office:
 Completed Application is signed by applicant Fee Schedule Worksheet is complete

The School reserves the right to cancel this permit at any time.
 APPROVED **DENIED**

Signature of Principal or Superintendent (required)

Signature of Chairperson, local school committee (required)

Total charges per Fee Schedule Worksheet \$ _____
