



# FACILITIES RENTAL/USE APPLICATION

355 NE 6<sup>th</sup> Avenue, Estacada, OR 97023  
Tel. (503) 630-6871 Ext 2860 or 2878  
Fax: (503) 630-8699

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Size of Group: \_\_\_\_\_

Nature of Use: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone: (Home): \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Facility Requested: \_\_\_\_\_ Day(s) & Date(s): \_\_\_\_\_

Time of event: Begins: \_\_\_\_\_ am/pm Ends: \_\_\_\_\_ am/pm (Include set up and clean up)

Time to Reserve: Begins: \_\_\_\_\_ am/pm Ends: \_\_\_\_\_ am/pm (Include set up and clean up)

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

Return Date: \_\_\_\_\_ Initials: \_\_\_\_\_

List Equipment Being Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditorium: Lighting  Yes  No

Auditorium Sound System:  Yes  No

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

Custodial Staff: @ \$20.00 /hr. X \_\_\_\_\_ hrs = Total Cost: \$ \_\_\_\_\_

Kitchen Staff: @ \$15.00 /hr. X \_\_\_\_\_ hrs = Total Cost: \$ \_\_\_\_\_

Technical Staff: @ \_\_\_\_\_ /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: \$ \_\_\_\_\_

Total Amount to be Paid: Check # \_\_\_\_\_ Date Paid: \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_

Is Applicant a Non Profit?  Yes  No If Yes, Please provide Tax ID Number (TIN): \_\_\_\_\_

If required, please list your insurance carrier & policy number: \_\_\_\_\_

### Agreement Between Applicant & 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, Auditorium Manager, etc).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### District Approval:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name