



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

APPLICATION NO. _____

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: _____ School Requested: _____
 Contact Person: _____ Rooms Needed: (attach list if needed) _____
 Billing Address: _____

 _____ Dates: (attach list w/times if more than one day) _____
 E-mail Address: _____ Day(s) of the Week: (circle) M T W TH F SA SU
 Daytime Phone: _____
 Non-Profit? **YES NO** / Primary Use: **ADLT YTH** / Food Being Served? **YES NO** / Expected Audience #: _____
 Time Entering Building: _____ Performance Start Time: _____
 Time Leaving Building: _____ Performance End Time: _____

Event Description:

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.II and 2.III, 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: _____ **TODAY'S DATE:** _____

 APPLICANT SIGNATURE

Credit Card Payment Information:

Name on Credit Card: _____ Credit Card #: _____ Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____ Signature: _____ Date: _____

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

Calendared by School?	YES	NO	Calendared by District?	YES	NO	CLASSIFICATION:	1	2	3	4	Custodian Assigned?	YES	NO
Non-refundable Application Processing Fee:..... CC/Cash <input type="checkbox"/> \$20.00 <input type="checkbox"/> POS													
Facility Fee:	<input type="checkbox"/> Room(s)			X							X		= \$ _____
			# rooms			# hours					X		= \$ _____
	<input type="checkbox"/> Performing Arts Center (PAC)										X		= \$ _____
						# hours					X		= \$ _____
Supervision:	<input type="checkbox"/> Site	<input type="checkbox"/> School Tech*	<input type="checkbox"/> Other								X		= \$ _____
						# hours					X		= \$ _____
Technician:	<input type="checkbox"/> Type: _____										X		= \$ _____
						# hours					X		= \$ _____
Custodial*:	<input type="checkbox"/> M-F	<input type="checkbox"/> Weekend									X		= \$ _____
	*For PAC	Minimum 2 hrs.	Minimum Entire event + 2 hours			# hours					X		= \$ _____
Other (specify):	_____										X		= \$ _____
	(i.e., custodial, technical staff, equipment, parking)					# hours					X		= \$ _____
Other (specify):	_____										X		= \$ _____
	(i.e., custodial, technical staff, equipment, parking)					# hours					X		= \$ _____
Special Instructions:	_____											TOTAL:	= \$ _____

Check#: _____ Check Amount: _____

School Signature: _____ **Date:** _____
School signature insures coordination with custodial staff for event.

Facility Use Office Approval: _____ **Date:** _____