APPLICATION FOR USE OF SCHOOL FACILITIES

Business Office

Reynolds School District 1204 NE 201st Ave. Fairview. OR 97024

1204 NE 201st Ave, Fai	rview, OR 97024						Date:			
The undersigned hereby	makes application on beh	alf of		0	: <i>(</i> :					
for permission to use	Organizat	Organization (include name & title of representative)								
ioi perillission to use	(:	School)				(Room or area of us	se; i.e. Room 12, Cafe	eteria, Gym, Field)		
SPECIFY IF ACTIVITY I	S: (Please attach a separa	te schedule if mu	Itiple non-consecuti	ve days)						
One time only: or	Day of week: Date:		9:	From:			AM / PM To: AM / PM			
If continuous:	Start Date:	End Date:					Day of Week:			
From:	AM / PM	To:	AM / PM	Weekly		Semi-weekly	Monthly	Semi-monthly		
Describe use fully:										
	Proceeds to be us					Numb	er of expected	participants:		
If use of equipment or additional set-up is required, please ask secretary for "Equipment/Set-Up Request" form										
 Any organized activity of Reynolds School District shall have precedence over the use by any other group. Possession or use of alcoholic beverages, tobacco products or illegal drugs in any form is prohibited in school buildings, on school grounds, in vehicles, or on any other school property. The Permittee shall indemnify, defend, and hold harmless the District, its officers, agents and employees from any and all claims, suits, or actions of any nature resulting from or arising out of the activities of the Permittee, its officers, employees, agents, members or invitees. It is further understood that any damage to the grounds or neighboring buildings, whether under public or private ownership, arising out of this use will be compensated for by the individual signing the application as the representative responsible for the organization. I agree to be responsible for the conduct of the audience and participants in and about the building, and for any damage beyond ordinary wear and tear that may occur to the school property as a result of my occupancy thereof. I further agree the school property will be used in accordance with rules and regulations of the Board of Directors. 										
Signature:							Date:			
APPLICANT INFORMA										
Name/Organization										
Contact Person				Phone (Home) (Bus.)						
Address					REFERENCE:					
City	State	Zip		Name						
Phone (Home)	(Bu	s.)		Phone (H	lome)		(Bus.	.)		
Email address:										
FOR OFFICE USE ONLY:										
CHARGES:				Dates facility <u>WILL NOT</u> be available:						
	(hours / days) (Rate) t / Set-up Fees:	_ Sub Total	\$			age will be requi		Yes No		
ESTIMATED OVERTIME (01141903	·	APPROVI			- TOTTII. JU	(Circle all that apply)		
	per hr. X	hrs. =	\$			al				
	per hr. X			J	(Signature)					
*-	Total Charges Inc			Business	Mana	ger				
	(Signature)									