



FACILITIES RENTAL/USE APPLICATION

355 NE 6th 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