

**North Clackamas School District
FACILITY USE REQUEST: APPLICATION FOR USE AND INVOICE**

**Instructions: Complete sections 1 & 2 and submit to the Community Services Department
12300 SE Mallard Way, Suite 205 • Milwaukie, Oregon 97222 • 503-653-3834**

1. FACILITY INFORMATION

School requested _____ Day(s) of week: M T W TH F S Sun
 Area to be used _____ Time of use: From: _____ to _____
 _____ Dates of use: From: _____ to _____
 Equipment & services needed _____ Cancelled Sessions (Office use only) _____
 _____ Total # hours _____

2. APPLICANT INFORMATION

Applicant/organization _____ Contact Person _____
 _____ Day phone _____
 Purpose of use _____ Evening phone _____
 Estimated Attendance _____ Address _____
 # of Adults _____ # of Youth _____ City/State/ZIP _____

The undersigned hereby agrees to comply with all regulations governing the use of facilities as established by the Board of Education of North Clackamas School District. The undersigned will exercise due care in the use of the facilities and pay for such damages as may arise from such use. The undersigned is solely responsible for loss, damage, accidents and personal injury arising out of use of the facility and agrees to indemnify and hold harmless the school district, its Board of Directors, and staff against any and all claims. Applicants may be required to provide proof of insurance.

Applicant signature _____ Date _____

3. FEE INFORMATION

This section is for office use only.

User Classification: A B C D E F G

USER FEES # Hours Rate Total

| | | | |
|---------|-------|-------|-------|
| Midweek | _____ | _____ | _____ |
| Weekend | _____ | _____ | _____ |

RENTAL # Hours Rate Total

| | | | |
|---------|-------|-------|-------|
| Gym(s) | _____ | _____ | _____ |
| Cafe | _____ | _____ | _____ |
| Library | _____ | _____ | _____ |
| Kitchen | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

PERSONNEL # Hours Rate Total

| | | | |
|----------|-------|-------|-------|
| Cleaning | _____ | _____ | _____ |
| Kitchen | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

UTILITIES # Hours Rate Total

| | | | |
|---------|-------|-------|-------|
| Gym(s) | _____ | _____ | _____ |
| Cafe | _____ | _____ | _____ |
| Library | _____ | _____ | _____ |
| Kitchen | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

FACILITY USER FEE: \$ _____

Make checks payable to North Clackamas Schools

Mail to Community Services, 12300 SE Mallard Way, Milwaukie, Oregon 97222

4. ACTION

Facility Coordinator _____ Date _____
 Principal _____ Date _____

5. PAYMENT

Amount Received _____ •Cash •Check •VISA/MC
 Received by _____ Date _____