

KGAB-AR-1 Adopted: April/2003 Revised: April 2011

## \*\*\*THIS FORM TO BE COMPLETED BY PHS FACILITY COORDINATOR ONLY\*\*\*

organization: Tarksedy Citt	Lo Ceague (formerly far
ontact: Melissa Fitz	Phone: 97/-,300-3278
Pate of Application: 12/10/14 Da	tc(s) of event: tcb 25 - June 36
urpose of Use: pratice of S	ames
he organization/event must meet the criteri	is for 'REDUCED' by attaching the tequested
upporting documentation (see criteria below uust accompany this form.	). Also, A FACILITY USE APPLICATION
usi accompany uns ioni.	
RITERIA	
☐ Group must directly serve the	Attach a copy of constitution (if
Parkrose community	applicable)  Attach a current list of
O No admission, entry, or other	members with addresses (if
fee will be charged to participants or spectators	applicable)
TED FEES	CUSTOMER PROPOSED FEES
	- FACILITY FEES \$
TILITY FEES \$_\(\begin{align*} \dots \\ \dots \d	- EQUIPMENT FEES \$
TH SERVICE FEES \$	- TECH SERVICE FEES \$
ATER FEES \$	- THEATER FEES \$
TODIAL FEES \$	- CUSTODIAL FEES \$
	TOTAL RENTAL FEES \$
AL RENTAL FEES \$ 6032	
AL RENTAL FEES \$ 6032	4 /
AL RENTAL FEES \$ \(\begin{aligned} \(\begin{aligned} \delta & \del	No building access;

## This section to be completed by PSD Administration:

## PSD ADMINISTRATION APPROVED FEES

- G-Hris
ve_
4

BOARD ACTION:
Approved Denied

Date \_\_\_\_\_

## PARKROSE ELEMENTARY SCHOOLS - FACILITIES USE APPLICATION

"Parkrose Community Groups/Non-Profit Organizations"
Parkrose School District - 10636 NE Prescott Street - Portland, Oregon 97220 - Fax (503) 408-2140

Today's Date:	12.10.14	, our communication or day, special	For Office Use Only Received by	Inla 12/10/	4
Organization: +	arkside	Little Lead	rue Nu	on-Profit Tux ID#: 93-08	04296
	lissa Fru			11.300.3278	,.
Email: Misj-	tod 5@ gma	ail.com			
	60 NE EU		cav Pottland su	ate OR 711 91230	)
Date(s)	Day of week	ELEMENTARY	Access Time - Exit Time	Expected Attendance	
2/20/12	MTWTHES	Russell	5-8pm	12-25	
The state of the s				12-25	111
	MTWThFS	Russell	5-8pm	12-25	Moday
FACILITY FEE	331	A . 17 17 17 17 17 17 17 17 17 17 17 17 17			0
Oym <i>(2hrs)</i> Main Field <i>(2hrs</i>	ı <b>l</b>	\$ 13,00 x =			
Baseball Field (2		\$ 13.00 x 23.2 =			
X Softball Field (2)		13.00 x 23.7=			
Clustroom (4hrs)		\$ 13.00 x =			
Stuge (4hrs)		\$ 51.00 x=			
Cufeteria (4hrs)		\$ .51.00 x =			
Kitchen (4hrs) Multi-purpose Re	nom /2krel	\$ 51.00 x = =			
Multi-purpose Re		\$ 75.00 x=	144		
			all Kitchen use at \$ 26.00 p/hr		
*** Facilities are cl	harged based on units	above. PSD will not invo	ice on the half, quarter, or partial un	olis.	
EQUIPMENT FE	ES <sub>1</sub>				
Podium		\$ 6,00 x = \$			
Microphone TV/VCR/DVD		\$ 6.00 x = \$_			
Overhead Project	or	\$ 11.00 x = \$ \$ 6.00 x = \$			
Sound System		\$ 26.00 x = \$			
Piuno		\$ 26.00 x = \$			
Chuirs ((per chui		\$ 2.00 x = \$			
Tubles (per tuble,	)	\$ 6.00 x = \$			
up/re-set, bathm • Monday - Friday, • Saturdays & Sund ***Applicatio reduced fee.	pom sanitizing a coperating hours lays – all hours n must be com	nd re-stocking, supp. = \$29.00 p = \$36.00 p apleted and turned	/nour		<b>a</b>
\$29.00 x number of \$36.00 x number of		this section:		10 building	access
	I'm on the				75
	FACILITY		s_4032-		
	EQUIPME		5 =		
	CUSTODI	AL FEES	\$		
	TOTAL	ENTAL FEES	\$ 1,032		
			I to secure your reservation.		
		NT IS DUG - 2 WEEKS PI			
	- XX	1		1-1	
Completed by:	Facilities Civin	La	DATE_ \	15/15	

meet all c	rstand the above fees. If my application is accepted for the requested facility scheduled at we agree to outractual, insurance, deposit and payment requirements during the agreement period. I/we agree to be responsible for the fithe audience in and about the building and for any damages beyond ordinary wear and tear, which occurs to this District in regards to our use and occupancy thereof. I/we agree that District property will be used in accordance with the rules and
property regulation	in regards to our use and occupancy thereof. I/we agree that District property will be used in accordance with the rules and if of the Board of Educations (See Policy KGAA).
Client Sig	nutureDate
All Cute	ING/FOOD REQUIRMENTS  ring must be contracted by Parkrose Food Service (503-408-2122), or one of our Preferred Caterers.  c not using Parkrose Food Service, you are required to choose from our list of Preferred Caterers, which may be provided to you upon  13-408-2697). Additionally, a Parkrose Food Service employee will be required for all klichen use at a rate of \$26,00 p/hr.
MUSTCO	DUALS OR ORGANIZATIONS REQUIRED TO PAY FOR THE USE OF SCHOOL FACILITIES UNDER Bourd Policy 9.12.2 IMPLETE THE Hold Harmless STATEMENT AND MAY BE REQUIRED TO VERIFY INSURANCE COVERAGE BEFORE JTHORIZATION IS GRANTED
	HOLD HARMLESS AGREEMENT
defend the claims and resulting i employees with the in	District, its board members, agents, employees and volunteers from and against any and all liabilities, damages, actions, costs, losses, expenses (including attorney fees), on account of personal injury, death or damage to or loss of property or profits arising out of or a whole or in part from any act, omission, negligence, fault or violation of law or ordinance by "Organization" or "Organization"s", agents, volunteers, subcontractors, speakers, exhibitors, event participants or invitees or any other person entering upon the premises applied or express permission of "Organization". Such indemnification by "Organization" shall apply unless such damage or injury in the sole negligence or willful misconduct of the District.
Me	Used frity 12,8,14
	INSURANCE REQUIREMENTS
gnimusso 000,000	al General Liability insurance endorsement providing coverage against claims for bodily injury or death and property damage in or upon or resulting from the facilities licensed hereunder, such insurance to offer immediate protection to the limit of no less than and such insurance shall include Blanket Contractual Liability coverage which insures contractual liability under the indemnification of se School District #3 by Licensee as set forth below.
l.	Licensee shall maintain a policy endursed to include the Parkrose School District, Parkrose Elementary School, school board members, agents, employees and volunteers as additional insured's as respects to the Organizations use of District facilities. Said insurance must be primary to and non-contributory with any insurance carried by the District and include waiver of subrogation in favor of the District, its board members, agents, employees and volunteers.
2.	Licensee agrees to provide all required certificates of insurance to the Parkrose School District at least fifteen (15) calendar days prior to the time of occupancy.
3.	The parties agree that the specified coverage of limits if insurance in no way limit the liability of the licensec.
4,	Licensee shall provide a Certificate of Insurance containing a notice of cancellation clause not less than 30 days prior to cancellation or non-renewal of any such policy.
1.	LAWS-RULES-REGULATIONS  All agents and employees connected with Licensee's use of the facility shall abide by, conform to and comply with all laws of the United States and the State of Oregon and all ordinances of the City of Portland, Oregon, and the rules and regulations of Parkrose School District, together with all rules and regulations of the Bureau of Police of the City of Portland.
2.	THE USE OF ALL TOBACCO, ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES ARE STRICTLY PROHIBITED IN OR ON Purkrose School District PROPERTY.
3.	All security services including peer group security desired by Licensee shall be arranged for by special agreement with the Parkrose School District and shall be paid for by the Licensee.
4.	The Parkrose School District shall have the sole right to collect and have custody of articles left in the building.
5,	Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose School District.
WE AGI US	REE AND UNDERSTAND <u>ALL</u> OF THE ABOVE. WE AGREE THAT SAID SCHOOL PROPERTY WILL BE ED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE BOARD OF EDUCATION.
Organizai	Ion or Individual Me USE Try Position of Responsibility The Sidera Title
\ddress_	4060 NE Eugene ct (11) PDX State OR zip 97230
APPROV	ED FOR USE Building Principal TOTAL RENTAL FEES 4 UD 32
FULL P	AYMENT MUST BE RECEIVED, PRIOR TO THE