

Fruitdale Elementary School

Heather Yount -Principal Dianne Phelan-Office Manager

1560 Bill Baker Way
Grants Pass, Oregon 97527
Phone (541) 476-2276
Fax (541) 471-2447



June 6, 2011

To: Peter Maluk

From: Dianne Phelan

Re: Edgewater Fellowship use of Fruitdale School

Hi Peter!

Here is the proposal for Edgewater Fellowship Facility Use for the 2011/2012 school year:

Wednesdays:	4:30 – 9:00 PM	
	Gym	\$ 75.00
	7 Classrooms	\$245.00
	(\$35.00 each for Rooms #2, #6, #10, #15 & 3 Commons Areas)	
	Parking Lot	\$ 50.00
	Covered Area/Playground	\$ 50.00
	Total	\$420.00
Sundays:	6:30 AM – 1:30 PM	
	Cafeteria	\$ 75.00
	Gym	\$ 75.00
	7 Classrooms	\$245.00
	(\$35.00 each for Rooms #2, #6, #10, #15 & 3 Commons Areas)	
	Parking Lot	\$ 50.00
	Covered Area/Playground	\$ 50.00
	Total	\$495.00
Weekly Total:	\$915.00	

The dollar amounts are from last school years figures. If they change for the 2011/12 school year, we will need to update this.

Let me know if you need anything else from me on this.
Thank you!

Dianne ©

DISTRIBUTION

- White - School
- Yellow - Dist. Office
- Pink - Applicant

THREE RIVERS SCHOOL DISTRICT

8550 New Hope Road, P.O. Box 160
Murphy, Oregon 97533

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of School <i>Fruitdale</i>	Principal's Name <i>Mrs. Yount</i>	Date <i>5-15-11</i>
Applicant or organization <i>Edgewater Christian Fellowship</i>	Name of chief officer (president, chairman, or responsible person in charge) <i>Shawn Logue</i>	Phone
Address of Applicant <i>101 Assembly Circle Grant Pass, OR 97526</i>		
Hereby apply for permission to use: (specify room, facility or area to be used) <i>Gym, rms # 2, 6, 10, 15, three</i>		
Specify days(s) of week <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Beginning on: <i>Sept 14/21</i> Ending on: <i>JUNE END OF SCHOOL</i> From <i>4:30 PM</i> o'clock to <i>9:00 PM</i> o'clock, for the following purpose		
DESCRIPTION OF ACTIVITY: <i>Church Service</i>		



Mark the box that applies to your request:



- There will be admission charged for participation in the above activity.
- There will not be admission charged for participation in the above activity.
- There will be need for services of custodian or cook.
- There will not be need for services of custodian or cook.



AGREEMENT: The undersigned, in making application for use of the above described facility certifies that he/she is the authorized representative of the above-named applicant organization and agrees that the organization will observe all the rules and regulations governing use of school facilities as enacted by the Board of Education and the principal of the school in which the facilities are to be used. The applicant agrees to exercise the utmost care in the use of school premises and property, to provide competent and responsible supervision, and save Three Rivers School District, its Board and employees, harmless from all liability resulting from the applicant's use of said facilities. The applicant further agrees to pay a fee as outlined in Board Policy #8300. They also agree to reimburse the school district for any loss or damage arising from the applicant's use of said facilities. Upon demand, and prior to use of the facilities, applicant will furnish school district with a policy of liability insurance in such amounts and with such coverage and in such form as school district may require, and in which school district shall be a named insured, and the insurance company shall be authorized to do business in the State of Oregon.

Date: 5/22/11, 2011

[Signature]
(Signature of applicant)

SCHOOL USE ONLY (Mark appropriate box)

- Approved free use
- Not Approved
- Approved paid use @ \$ _____ Fee _____



[Signature]

(Principal Signature)

REFER TO ADMINISTRATIVE RULE 8300 OF THE BOARD POLICY.

DISTRIBUTION

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- Yellow - Dist. Office
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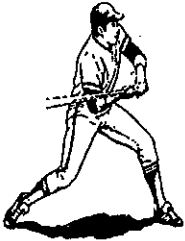
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Murphy, Oregon 97533

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of School <i>Fruitdale</i>	Principal's Name <i>Mrs. Yount</i>	Date <i>5-15-11</i>
Applicant or organization <i>Edgewater Christian Fellowship</i>	Name of chief officer (president, chairman, or responsible person in charge) <i>Shawn Logue</i>	Phone <i>541-218-4485</i>
Address of Applicant <i>101 Assembly Cir Grants Pass OR 97526</i>		
Hereby apply for permission to use: (specify room, facility or area to be used) <i>Gym, cafeteria, rms #2, 6, 10, 15</i> <i>Three common areas</i>		
Specify days(s) of week <input checked="" type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Beginning on: <i>Sept 18/25</i> Ending on: <i>JUNE END OF SCHOOL</i> From <i>6:30 AM</i> o'clock to <i>1:30 PM</i> o'clock, for the following purpose		
DESCRIPTION OF ACTIVITY: <i>Church Service</i>		

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Date: *5/22/11* *2011*

[Signature]
(Signature of applicant)

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[Signature]
(Principal Signature)