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

THIS FORM TO BE COMPLETED BY PHS FACILITY COORDINATOR ONLY

	ES APPLICATION			
(This application is valid for one school	ol year only. You must reapply each year.)			
Organization: Portland	State (CIE)			
Contact: Matt McCaw Phone:				
Date of Application: Ameno (6/6/11 Da	ate(s) of event: (August 8-12)			
Purpose of Use: See att.				
* Amended Glafii,	cancel June dates			
The organization/event must meet the criter supporting documentation (see criteria below must accompany this form.	ia for 'REDUCED' by attaching the requested v). Also, A FACILITY USE APPLICATION			
CRITERIA □ Group must directly serve the Parkrose community □ No admission, entry, or other fee will be charged to participants or spectators	 Attach a copy of constitution (if applicable) Attach a current list of members with addresses (if applicable) 			
QUOTED FEES	CUSTOMER PROPOSED FEES			
- FACILITY FEES \$ 375.00 - EQUIPMENT FEES \$ 9 - TECH SERVICE FEES \$ 9 - THEATER FEES \$ 1120.00 TOTAL RENTAL FEES \$ 1,495.00	- FACILITY FEES \$ \$ - EQUIPMENT FEES \$ \$ \$ - TECH SERVICE FEES \$ \$ - THEATER FEES \$ \$ - CUSTODIAL FEES \$ \$ - CUSTODIAL FEES \$ \$ - CUSTODIAL FEES \$			
Additional Conditions or Terms (if applicable):				
no food in classio	m.			
History of Facility Use with Parkrose School	District:			
solid, positive h	istory wipsu using			
PSD CARROTTING	· · · · · · · · · · · · · · · · · · ·			

Approved
Denied
Denied

This section to be completed by PSD Administration:	
PSD ADMINISTRATION APPROVED FEES	
- FACILITY FEES \$	
Approved Denied Denied Building Principal/Designee	Date: Ce Co HW []
Administration Recommendation & Comments:	
Superintendent Signature	Date () 7
Superintendent Recommendation & Comments:	
Recommend approval.	
BOARD ACTION:	

Date _____

PARKROSE MIDDLE SCHOOL - FACILITIES USE APPLICATION

"Parkrose Community Groups/Non-Profit Organizations"
Parkrose Middle School –11800 NE Shaver Street – Portland, Oregon 97220 – Fax (503) 408-2998

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Today's Date:	11/8611	ПАр	For PMS Office Use Only oproved [] Declined:		
Organization Por	Hand State	University Center	For Science Ed. Non-Profit Tax ID #_	48-1278529	
Contact MATT McCas Phone * 2361 Ceil 503 -367-7065					
Address PO Box 757 City Portland State OR Zip 97207					
Date(s)	Day of week	Facility	Access Time - Exit Tir	ne Expected Attendance	
6120-24	W-E	MS Chistroom	8:00-4:00	10-99	
818-13	M-F	MG Classroom	8:20 -4:00	20-44	
FACILITY FEES: Classroom (4hrs) \$ 25.00 x 9 \$ 750					
EQUIPMENT FEES: Podium					
CUSTODIAL FEES: ↑ Monday – Friday, operating hours ↑ Saturdays & Sundays – all hours & after operating hours = \$28.00 p/hour + Mugust on ly k					
Facilities Coordinator will complete this section: \$28.00 x number of hours needed					
		ITY FEES MENT FEES	\$ 750.00 \$ 0	\$1120.00	
		DDIAL FEES	\$ <u> 2340.0</u>	\$/495.00	
	A 30% non-i	IENT IS DYE – 2 WEEKS .	S \$	1,1,10	
Completed by: DATE DATE					
I/we understand the above fees. If my application is accepted for the requested facility scheduled at Parkrose Middle School, we agree to meet all contractual, insurance, deposit and payment requirements during the agreement period. I/we agree to be responsible for the conduct of the audience in and about the building and for any damages beyond ordinary wear and tear, which occurs to this District property in regards to our use and occupancy thereof. I/we agree that District property will be used in accordance with the rules and regulations of the Board of Educations (See Policy KGAA). Client Signature					