

**Parkrose School District 3**

**Free/Discounted Facility Use  
Request Form**

(Use this form to qualify an organization for continued free/reduced Facility Use)

In accordance with District Policy KGAB and KGAC, I am requesting approval and recognition as a District recognized organization, which meets the criteria for free or discounted facility use. I am declaring that this organization is directly benefiting the children and or citizens of the Parkrose School District and that our activities promote and support the vision and purpose of the Parkrose Public Schools.

Name of Organization: GATEWAY ELKS #2411

Address: 711 NE 100th Ave. PORTLAND, OR 97220

Contact Person: DAVID OTT Phone # HOME (503) 254-8273  
LODGE (503) 255-6535

Primary Purpose or Goal: To conduct our local lodge Free Throw Contest (HOOP SHOOT) for the ELKS National Free Throw Program. We contact all schools in our area for participation.

Financial Assets: BUILDING FREE + CLEAR

\_\_\_\_\_

Current Assets: \_\_\_\_\_ Current Liability \_\_\_\_\_

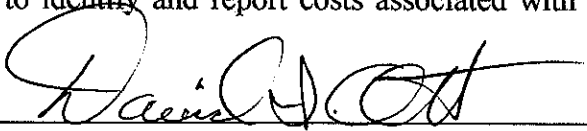
Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_ month/year

Expense Source: \_\_\_\_\_ Amount: \_\_\_\_\_ month/year


Current Officers: RUSS MUMA ER WALLY PEARCE TRUSTEE  
JOHN LILLESTRAND LEDN. BILL HORNBECK TRUSTEE  
RALPH HARTMAN LOY. N. GEORGE HASTON TRUSTEE  
PAUL SCHEARER LEG. N. DAVID OTT TRUSTEE  
ED SCHULDT TRUSTEE

- Please attach a current set of:
1. Bylaws or other documents which guide this organization.
  2. Current roster of members and membership eligibility.

The Board may request additional information and/or detail. They may also request an interview prior to approval. The Board approval of this application will allow your organization to use school facilities without charge (or substantially reduced fee) in accordance with district policy KGAB and KGAC. Note: there may still be a charge for facility use based on added costs. Facility use without charge remains at the discretion of the District. The District will continue to identify and report costs associated with this rental.

  
\_\_\_\_\_  
Applicants Signature

Staff Recommendation: The Superintendent and staff make the following recommendations. Included are the estimated costs and impact of this request.

  
\_\_\_\_\_  
Staff Signature 12/3/08

Board Action:

Action Date: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Note: The cost associated with this rental will be identified by staff and assessed to the Community Center as part of the Boards/Districts Community Services budget. This action may require the use or transfer of funds from the General Fund to the Community Center Fund.

Conditions, Restrictions, Cost:

**PRODUCER**

Aon Risk Services, Inc. of Illinois  
The Elks Insurance Program  
300 South Wacker Drive, Suite 700  
Chicago, IL 60606-6670

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

Benevolent and Protective Order of Elks of U.S.A  
Grand Lodge - Local Lodges of the Order  
2750 N. Lakeview Avenue  
Chicago, IL 60614-1889

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER A Old Republic Insurance Company  
COMPANY LETTER B Westchester Fire Insurance Company

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIABILITY	MWZY 57811	03/31/08	03/31/09	GENERAL AGGREGATE PER OCCURRENCE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY FIRE DAMAGE (ANY ONE FIRE) LIQUOR LIABILITY - EACH COMMON CAUSE LIQUOR LIABILITY AGGREGATE	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	MWZY 57811	03/31/08	03/31/09	EACH ACCIDENT EACH ACCIDENT	\$1,000,000 \$1,000,000
B	EXCESS LIABILITY  <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	G22012526003	03/31/08	03/31/09	EACH OCCURRENCE GENERAL AGGREGATE PER LOCATION	\$9,000,000 \$9,000,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Insured Lodge: Benevolent and Protective Order of Elks, its Subordinate Lodges and State Associations  
Event: Benevolent and Protective Order of Elks "Hoop Shoot" Free Throw Program  
Date: 03/31/08 through 03/31/09

THE CERTIFICATE IS PROVIDED AS EVIDENCE OF GENERAL LIABILITY INSURANCE COVERAGE TO SCHOOL BOARDS, DISTRICTS, MUNICIPALITIES OR OTHER LANDLORDS AND PROPERTY OWNERS OF FACILITIES USED BY THE ELKS FOR THE "HOOP SHOOT" FREE THROW PROGRAM

**CERTIFICATE HOLDER**

PARKROSE SCHOOL DISTRICT  
10636 NE PRESCOTT ST.  
PORTLAND, OR 97220

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AON RISK SERVICES, INC. OF IL

*Robert H. McChrystal*

# Parkrose School District 3

Code: KGAC-AR-6  
 Adopted: 3/8/93  
 Re-Adopted: 10/23/95  
 Re-Adopted: April/2003

**MIDDLE AND ELEMENTARY SCHOOLS APPLICATION AND AGREEMENT FOR USE OF DISTRICT FACILITIES**

Date: 12-01-08 Requesting the use of: Middle School X  
 (Today's) Sacramento Elementary \_\_\_\_\_

**FIELDS ONLY:** Knott Elementary \_\_\_\_\_  
 Thompson Elementary \_\_\_\_\_  
 Sumner Elementary \_\_\_\_\_  
 Russell Elementary \_\_\_\_\_  
 Shaver Elementary \_\_\_\_\_  
 Prescott Elementary \_\_\_\_\_

Time Period: One time only  Weekly  Monthly  Hours 8A m. to 1P m.  
SAT JAN 17, 2009  
 (Day of Week) (Day or Dates)

- | Facilities Requested                          | Equipment Request                          |
|---|--|
| <input type="checkbox"/> Cafetorium           | <input type="checkbox"/> Microphone        |
| <input checked="" type="checkbox"/> Gymnasium | <input type="checkbox"/> Lectern           |
| <input type="checkbox"/> Stage                | <input type="checkbox"/> Projector         |
| <input type="checkbox"/> Classroom            | <input type="checkbox"/> Piano             |
| <input type="checkbox"/> Baseball Field       | <input checked="" type="checkbox"/> Tables |
| <input type="checkbox"/> Soccer Field         | <input checked="" type="checkbox"/> Chairs |
| <input type="checkbox"/> Parking Lot          | <input type="checkbox"/> Coat Racks        |

Describe Use Fully: ELK NATIONAL FREE THROW CONTEST (HOOPS) LOCAL CONTEST GATEWAY ELKS DISTRICT  
 Expected Attendance: Adults: 200-100  
 Children: 90  
 Open to Public: Yes  No   
 Will admission be charged: Yes  No

\_\_\_\_\_ Adult Supervisor

Kitchen facilities are only available after 2:30 p.m. on school days. Hours: \_\_\_ M. \_\_\_ M.

If yes, what will net proceeds be used for \_\_\_\_\_  
 \_\_\_\_\_

Type of service needed: \_\_\_\_\_

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. We agree that District property will be used in accordance with the rules and regulations of the Board of Education. (See Policy KGAA)

- Items of Kitchen Service Requested:**
- |   |   |
|---|---|
| <input type="checkbox"/> Compartment Plates   | <input type="checkbox"/> Coffee Percolators |
| <input type="checkbox"/> Compartment Trays    | <input type="checkbox"/> Coffee Servers     |
| <input type="checkbox"/> Salad Plates (few)   | <input type="checkbox"/> Creamers           |
| <input type="checkbox"/> Dessert Plates (200) | <input type="checkbox"/> Sugars             |
| <input type="checkbox"/> Cups                 | <input type="checkbox"/> Salt Shakers       |
| <input type="checkbox"/> Knives               | <input type="checkbox"/> Pepper Shakers     |
| <input type="checkbox"/> Forks                | <input type="checkbox"/>                    |
| <input type="checkbox"/> Teaspoons            | <input type="checkbox"/>                    |

\_\_\_\_\_  
 (Organization or Individual)  
Paul A. [Signature]  
 (Organization Representative)

*We would like to use the teachers Basketball if possible  
 5 Boys 5 Girls Balls*