

# Coos Bay School District 9

Code: **KG-AR(2)**

Revised/Reviewed: 8/13/16; 12/12/16; 11/13/17

## Facility Usage Agreement

(See KG-AR(1) for Priority Levels, Insurance Requirements and Fee Structure)

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Organization: \_\_\_\_\_  
*Local Business, Non-profit 501c3, Boys & Girls Club Team, Fraternal Organization, Private Party*

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

School Location Requested: \_\_\_\_\_  
*Which school and what location within the school such as Blossom cafeteria, gym, classroom, field*

Dates & Time of Use: \_\_\_\_\_  
*If using on multiple days you may attach a schedule of dates and times*

Intended Use of Facility: \_\_\_\_\_

Projected Number of Users: \_\_\_\_\_ Who is supervising Event(s): \_\_\_\_\_

Other Needs: \_\_\_\_\_  
*User will pay actual cost of personnel needed for technology, custodial services, moving equipment and equipment rental*

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### DISTRICT USE

Organization Type: \_\_\_\_\_ Priority Level: \_\_\_\_\_

Proof of Insurance Received: \_\_\_\_\_ Verified Use with School: \_\_\_\_\_

Rental Calculation: \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
*Room type being rented: Classroom, gym etc. Days, hours Rate Amount Due*

\_\_\_\_\_ \$ \_\_\_\_\_  
Other Charges such as personnel time, equipment rental

Payment Type: Cash, Check or Credit: \_\_\_\_\_

Key Deposit \$50.00 \_\_\_\_\_ Y \_\_\_\_\_ N Key Return Date: \_\_\_\_\_ Refund Date: \_\_\_\_\_