

# Estacada School District 108

Code: **KG-AR**  
Revised/Reviewed: 9/12/12; 10/12/16  
Orig. Code(s): KG-AR(4)

## Facilities Rental/Use Application

Estacada School District  
255 NE 6th Avenue  
Estacada, OR 97027

Facility Requested: \_\_\_\_\_

Tel. (503) 630-6871 x. 2860

Fax: (503) 630-8699

Day(s) and date(s): \_\_\_\_\_ Area/Building: \_\_\_\_\_

Time of event: \_\_\_\_\_ Begins: \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ Ends: \_\_\_\_\_ a.m./p.m.  
(include set up and clean up)

Time area needs to be reserved: \_\_\_\_\_ Begins: \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ Ends: \_\_\_\_\_ a.m./p.m.  
(include set up and clean up)

Day(s) and date(s): \_\_\_\_\_ Area/Building: \_\_\_\_\_

Time of event: \_\_\_\_\_ Begins: \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ Ends: \_\_\_\_\_ a.m./p.m.  
(include set up and clean up)

Time area needs to be reserved: \_\_\_\_\_ Begins: \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ Ends: \_\_\_\_\_ a.m./p.m.  
(include set up and clean up)

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Size of Group: \_\_\_\_\_

Nature of Use: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

E-Mail Address: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street City State, Zip

Keys/Access Cards Issued:  Yes  No Key Number: \_\_\_\_\_ Card Number: \_\_\_\_\_ Initials: \_\_\_\_\_

\$99 Key Deposit Collected:  Yes  No Return Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Deposit Returned:  Yes  No

List Equipment Being Requested: \_\_\_\_\_  
\_\_\_\_\_

Auditorium: Lighting:  Yes  No

Auditorium Sound System:  Yes  No

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**Personnel Fees** (Classified and technical staff carry a minimum charge of four hours at the rate listed below.)

Classified Staff: \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_  
Technical Staff: \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_

**Facilities Rental/Application Fees**

1. \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_  
2. \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_  
3. \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_  
4. \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr. X \_\_\_\_\_ hrs. Total Cost:\$ \_\_\_\_\_

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Total Amount To Be Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_  
(Rent plus Deposits)

Date Deposit was Returned: \_\_\_\_\_

Amount: \_\_\_\_\_

Is applicant a Non Profit?  Yes  No

If yes, please provide tax id number \_\_\_\_\_

If required, please list your insurance carrier and policy number: \_\_\_\_\_

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**Agreement Between Applicant and Estacada School District**

In signing this application, I understand that I am responsible for the conduct of our participants and for any damage, beyond normal wear and tear, which may occur to the Estacada School District facilities or equipment. I agree that the facility will be used in accordance with the rules and policies stated in the Estacada School District Facilities Use Handbook. Further, I agree that the facility will be used in accordance with any special provisions stipulated by the appropriate District staff (i.e., Building Administrators, Maintenance and Custodial Supervisor, etc).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Complete and return to the Athletic Department located at Estacada High School.**

**District Approval**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name