

Molalla River School District

Code: **KG-AR(3)**
 Revised/Reviewed: 5/14/09

District Facilities Fee Schedule

Category One - School Associated
 Category Two - Community Partners
Governmental agencies would be determined as Category Two w/o yearly fee
 Category Three - Other

The above are in scheduling priority order.

	Category 1 \$ per hour fee	Category 2 \$ per hour fee	Category 3 \$ per hour fee
Classroom/Library	0	10/hr	20/hr
Heckard Field, Track, or Stadium	0	50/hr	100/hr
Varsity Fields, High School Gym, or High School Commons	0	25/hr	50/hr
All other Fields	0	5/hr	10/hr
All other Gyms	0	5/hr	10/hr
Auditorium	0	25/hr	50/hr
Cafeteria	0	5/hr	10/hr
Use of Field Lights	0	25/hr	25/hr
Damage Deposit	0	100	100
False Alarm Fee	100	100	100
Custodians (if 0 - 99 in attendance)		2 hrs x established rate	2 hrs x established rate
Custodians (if 50 - 99 in attendance)	2 hrs x established rate		
Custodians (if over 99 in attendance)	(Hrs + 2) established rate	(Hrs + 2) established rate	(Hrs + 2) established rate
Fee for Category Two		\$750 per year July 1 - June 30	

INSURANCE REQUIREMENTS for Categories 2 and 3

If the designated representative/organization is not a school sponsored applicant, a certificate of insurance may be required before use of the facilities with the following minimum requirements:

- a. Molalla River School District named as an additional insured.
- b. General Liability - minimum limit of coverage for bodily injury and property damage of \$1,000,000 each occurrence. Excess Liability - \$500,000 each occurrence. Claims-Made policies are not acceptable.
- c. Indication that coverage is provided for damage to school property caused by the organization furnishing the Certificate and using the property.
- d. A 30 day prior written notice of cancellation clause

INSURANCE HAS BEEN PROVIDED TO THE DISTRICT OFFICE
 Initial of Facilities Coordinator _____

Molalla River School District Facility Use Request

If use cancelled, a cancellation form must be completed

Organization/Nature of Organization	
Name of Supervisor	
EMAIL	
Phone Numbers	
Address	
Type of Activity: <i>game, practice, class, clinics, fundraisers, tryouts, meeting, other</i>	
Building Requested (circle one)	MHS MRMS District Office PE Gym D Prairie MES Mulino Rural Dell Clarkes M Grove Natural Resource Center
Field * Gym * Library, Wrestling Room, Cafeteria Classroom ,Auditorium * Commons, Other:	Describe area
Day/Days of the Week	Mon Tues Wed Thurs Fri Sat Sun
Start Date	
End Date	
Time	FROM: AM/PM TO: AM/PM
Approx. number in attendance	
Admission Fee	Yes No How much?
Fundraiser	Yes No If applicable, was the fundraiser approved by fundraiser coordinator? Yes No - Attach fundraiser form
Equipment Needed <i>Chairs, Tables, projector, etc. (Some equipment may be assessed a fee for use)</i>	
Heat/Air Needed	Yes / No
Lights Needed	Yes / No
Set up Time Needed?	Yes / No
Set up Date / Time	Date for Set up _____ Time _____
<i>For School District Use Only</i>	
Custodian Assigned	
Key/Access Card Assigned	
Category	ONE TWO THREE
Charges	

DISTRICT USE - APPLICATION PROCESS

<u>Received date and time</u>	<u>Reference Number Assigned</u>
<u>Date Scanned to School</u>	
<u>Date Approval received from School</u>	
<u>Date Scanned to Superintendent for Exception Approval</u>	
<u>Date scheduled on Outlook</u>	
<u>Process Complete Date</u>	<u>Approved</u> <u>Denied</u>
<u>Date Approval/Denial sent to applicant</u>	

Molalla River School District Facility Agreement

1. Keep the facility as clean as possible. Trash must be put in the garbage cans.
2. Dogs are not allowed on school grounds
3. Bikes, scooters, and skateboards are not allowed on school grounds.
4. No use of tobacco products, alcohol or other drugs are allowed on school property
5. Nothing to be set on the track and only track shoes to be worn on the track.
6. Soccer goals are not to be moved without permission of the facilities coordinator
7. Park only in designated parking lots
8. If there are any problems with the facilities, please contact Scott Whitehead at 503 793 9105.
9. In case of severe weather, contact Scott Whitehead if you still would like to use the fields.

Your event may be canceled if a school function must be scheduled in the requested facility.

All Board of Education policies and regulations will be observed.

Your organization assumes full responsibility for the condition of facility being used during your time of use.

Your organization agrees to defend, indemnify and hold harmless the Molalla School District & those associated.

Insurance will be provided to MRSD covering this event at your own expense for damages to persons /property.

Use of alcohol, drugs or tobacco products of any kind is prohibited.

ALL RULES have been read and agreed upon:

Signature of Representative responsible for activity and fees _____

Date _____ Phone numbers _____

Facility Coordinator Signature _____ Date _____

Applications and fees should be sent to

Molalla River School District

Attn: Facilities Coordinator

PO Box 188

Molalla OR 97038

503 829-2359 ext. 239

Facility Use - Cancellation

DELIVER OR SEND TO PAM PETERSON IN DISTRICT FACILITIES DEPARTMENT AS SOON AS POSSIBLE
 petersop@molallariv.k12.or.us
 503-829-2359 ext. 239

Molalla River School District

Organization																
Name of Supervisor																
Email																
Phone Numbers																
Address																
Building Requested (Circle One)	<table style="width: 100%; border: none;"> <tr> <td>MHS</td> <td>MRMS</td> <td>District Office</td> <td>PE</td> <td>D Prairie</td> </tr> <tr> <td>MES</td> <td>Mulino</td> <td>Rural Dell</td> <td>Clarkes</td> <td>M Grove</td> </tr> <tr> <td colspan="5">Natural Resource Center</td> </tr> </table>	MHS	MRMS	District Office	PE	D Prairie	MES	Mulino	Rural Dell	Clarkes	M Grove	Natural Resource Center				
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MES	Mulino	Rural Dell	Clarkes	M Grove												
Natural Resource Center																
Day of the Week	Mon Tues Wed Thurs Fri Sat Sun															
Start Date																
End Date																
Time	From: _____ AM/PM To: _____ AM/PM															

DISTRICT USE

Received cancellation date and time _____ Reference Number _____
 Date Cancelled on Outlook _____ (Serves as notification to schools and custodians)