

Pleasant Hill School District 1

Code: **KG-AR(1)**

Revised/Reviewed: 1/10/00; 9/12/11; 7/01/16

36386 Highway 58
Pleasant Hill, OR 97455
Phone 541-746-9646 | Fax 541-746-2537

Pleasant Hill Community Center – Facility Use Request Form

Organization Name: _____ Non-Profit? Yes No
Contact Person: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Preferred Phone: Home _____ Cell _____
 Work _____ Other Phone: Home _____
 Work _____

Purpose for use _____

Number of people expected _____ Is the event open to the public? Yes No

Indicate day(s) of the week: Mon Tues Wed Thu Fri Sat Sun

Start Date: _____ End Date: _____ Start Time: _____ AM PM End Time: _____ AM PM

Please Note: Times reserved must include set up and clean up time.

School district sponsored activities for students, parents and related organizations.

No Rental Charge. Front room only

Civic and service use – Nonprofit community services groups; individuals using facilities for personal use.

Front room only – \$12 per hour

Profit groups or individuals; fund-raising groups; nonschool groups receiving donations.

Front room only – \$24 per hour

* Confirmation of appropriate category of user will be made by the superintendent.

Standard set up includes three rectangular tables and two arched tables in the front room, three rectangular tables in the back room and 100 folding chairs. You may move these items as needed, but you are expected to return them to the standard configuration when you are finished. If you would like us to clean up and/or set back up we can provide you with an estimate for custodial services.

Food/drink being served or allowed? Yes No

Custodial Services needed? Yes No

PLEASE NOTE:

- A refundable security/cleaning deposit will be collected in advance of activity (\$50-\$250).
- An insurance binder is required for Class III users and may be required for Class II users.
- If needed, custodial costs are figured on current time and one half plus benefits. (\$32.75 per hour for 2014)
- District security is provided by Sonitrol Security Systems. **Failure to key into and out of district facilities may result in additional security charges.** Security services are \$45 per hour for 2014. Please be sure you know how to properly use the system.

IT IS MY UNDERSTANDING, AS CONTACT PERSON FOR ORGANIZATION, THAT:

1. Only the facilities requested will be used.
2. Times and dates as specified shall be adhered to and notification to the school office is necessary if there is to be any change.
3. Every effort will be made to maintain cleanliness and care of the facility.
4. Any damage of items in need of attention/repair will be reported to the custodian or principal upon leaving or by the next business day.
5. It will be necessary to relinquish use of the facility if a school function is scheduled on the same date.
6. Cooperation is expected in order to make facilities available to all groups.
7. Key will be returned, if issued, as per instruction a time of issue.
8. Rules as posted or otherwise provided must be followed.
9. Failure to abide by the terms of this agreement may result in the denial of further use.
10. The school is under the Sonitrol electronic surveillance system. Please key in and out properly if you are the first in or last out of the buildings. Failure to do so may result in an additional charge.
11. An insurance binder will be provided for all Class III users and some Class II users.

Signature of Contact Person

Superintendent Signature

Insurance Binder Guidelines

Any Class III user and some Class II users must obtain and maintain a General Liability Insurance Policy naming Pleasant Hill School District No. 1 as the additionally insured with the following limits:

\$2,000,000 General Aggregate, including wrongful acts and sexual molestation.

\$1,000,000 Each Occurrence

\$1,000,000 Personal and Advertising Injury, \$1,000,000 Damage to Rented Premises

\$10,000 Medical Expense, Waiver of subrogate on Worker's Compensation coverage

Certificate of insurance needs to be provided to the district prior to using the facilities.

(FOR OFFICE USE)

Building approval: Signature _____ Date: _____

Availability confirmed by _____ Date: _____

Estimate of Fees:

Facility charge \$ _____ Per hour x _____ hours = \$ _____

Custodial costs \$32.75 per hour x _____ hours = \$ _____

Total Estimate for use \$ _____ Security/Cleaning Deposit \$ _____

Contact Person Notified By _____ Date: _____

Pre-payment of \$ _____ received ____ / ____ / ____ by Cash Check No. _____

Additional custodial charges incurred \$ _____

Security service charges incurred \$ _____

Security/Cleaning deposit (refunded) or additional payment due \$ _____ Paid ____ / ____ / ____

Insurance Binder Received: Yes No N/A Date: _____

Key # Issued _____ Returned: Yes No Date: _____