

APPLICATION FOR BUILDING/FACILITY USE

Please Print or Type

Applicant must provide complete information as requested in this application prior to consideration for registration.

Application must be received no less than two weeks prior to event for application consideration.

Complete form and mail to the attention of: **Facility Use**, Jefferson County School District 509-J, 445 SE Buff Street, Madras, OR 97741; or it can be e-mailed to: Facilities@509j.net.

APPLICANT NAME: _____		APPLICATION DATE: _____
NAMES OF AUTHORIZED REPRESENTATIVES: _____		
GROUP/ORGANIZATION NAME (if applicable): _____	WEBSITE: _____	
GOVERNING BODY/AFFILIATION (if applicable): _____	WEBSITE: _____	
BILLING ADDRESS: _____		
CONTACT PHONE #1: _____	CONTACT PHONE #2: _____	
EMAIL ADDRESS: _____		
BRIEF DESCRIPTION/PURPOSE OF EVENT/ACTIVITY: _____		
MARK ALL APPLICABLE:		
<input type="checkbox"/> YOUTH PROGRAM	<input type="checkbox"/> ADULT PROGRAM	<input type="checkbox"/> BOTH YOUTH & ADULT PROGRAM
<input type="checkbox"/> COMMUNITY EVENT	<input type="checkbox"/> FUNDRAISING EVENT	<input type="checkbox"/> TOURNAMENT EVENT
<input type="checkbox"/> EDUCATIONAL PROGRAM	<input type="checkbox"/> VENDING AT EVENT	<input type="checkbox"/> ENTRY FEE FOR PARTICIPANTS
<input type="checkbox"/> NON-PROFIT ORGANIZATION, 501c # _____		(FEDERAL VERIFICATION MUST BE PROVIDED)
<input type="checkbox"/> SPECIAL NEEDS (must specify) _____		

AGREEMENT (*Expires June 30 of current school year or upon completion of event*)

The undersigned hereby makes application to the Jefferson Co. School District 509-J to become registered for use of school facilities and certifies that the information given in this application is correct. The undersigned further agrees he/she has the authority to make this application on behalf of the applicant.

The applicant agrees the User/User Group shall comply with all District Board Policies and District Building Rules and Regulations and will exercise the utmost care in the use of the school premises and property. The applicant agrees to reimburse the Jefferson Co. School District for any damages arising from the applicant's use of said facilities. The User/User Group is solely responsible for bodily injury and personal damage arising out of use of the facility and agrees to indemnify and hold harmless the school district, its board of directors and staff against any and all claims. **I understand applicants may be required to provide proof of liability insurance and may be required to list Jefferson Co. School District 509-J as an additional insured.**

The applicant hereby acknowledges that failure to submit a certificate of insurance, when required, will invalidate the Facility User Registration and Facility Use Application. In addition, the applicant hereby acknowledges failure to provide assessed deposits prior to facility use will also invalidate this Application for Building/Facility Use.

As a user or representative of a user group/organization of Jefferson County School District 509-J buildings, facilities &/or equipment, I acknowledge I have read the district's facility use policy, including the administrative regulations. I understand the use of certain equipment may require supervision by District personnel and additional fees. I further understand that JCSD 509-J programs have priority over other building use and this application may be subject to change. If this application is approved, I, an authorized representative, hereby accept responsibility for any fees &/or deposit payments, as well as any expenses for loss or damage. A written notification of cancellation of this event must be submitted to the building representative no less than 48 hours prior to the scheduled event in order to qualify for any partial or full refund of deposit.

APPLICANT SIGNATURE _____ DATE _____

BUILDING/FACILITY REQUESTED: _____

SPECIFIC AREA(S)/ROOM(S) REQUESTED: _____

EVENT/ACTIVITY (Describe): _____

ANTICIPATED # OF ATTENDEES/PARTICIPANTS: _____

Mark All Applicable:

- MEETING EDUCATION OTHER _____
- ATHLETIC PERFORMANCE FOOD TO BE PREPARED ON SITE FOOD TO BE SOLD ON SITE

SPECIAL NEEDS: _____

REQUESTED EVENT/ACTIVITY DATE(S): Start Date _____ End Date _____

DAYS OF WEEK: M T W TH F SA SU RECURRING EVENT?: YES NO

REQUESTED HOURS OF USE: Start Time _____ am/pm End Time _____ am/pm

DOORS TO OPEN _____ ELEVATORS UNLOCKED YES NO

SET-UP DATE (if needed): _____ DAY OF WEEK: M T W TH F SA SU

SET-UP TIME (if needed): Start Time _____ am/pm End Time _____ am/pm

FOR JCSD 509-J COMPLETION ONLY

USER # _____

- Class A User DEPOSIT REQUIRED \$ _____ TOTAL FEE CHARGES \$ _____ (Fee Worksheet(s) Attached)
- Class B User
- Class C User
- Class D User Liability Insurance Required NO YES Coverage Amount Required \$ _____
- Class E User

Approved as requested above Event Manager (if applicable) _____

Approved with following modifications: _____

Denied for following reason(s): _____

ADMINISTRATOR/DESIGNEE APPROVAL _____ DATE _____