## **REGISTRATION FOR FACILITY USE**

## Step #1 - Please Print or Type

Step #1: Applicant must first be registered as an approved user before applying for site facility use.

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

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 emailed to: Facilities@509i.net.

Madras, OR 97741; or it can be emailed to: <u>Facilities@509j.net</u> .			
APPLICANT NAME:	APPLICATION DATE:		
NAMES OF AUTHORIZED REPRESENTATIVES: _			
GROUP/ORGANIZATION NAME (if applicable): GOVERNING BODY/AFFILIATION (if applicable): _ BILLING ADDRESS:		WEBSITE: WEBSITE:	
CONTACT PHONE #1: EMAIL ADDRESS: BRIEF DESCRIPTION/PURPOSE OF EVENT/ACT	CONTACT PHOI	NE #2:	
MARK ALL APPLICABLE:			
☐ YOUTH PROGRAM	☐ ADULT PROGRAM	☐ BOTH YOUTH & ADULT PROGRAM	
☐ COMMUNITY EVENT	☐ FUNDRAISING EVENT	☐ TOURNAMENT EVENT	
☐ EDUCATIONAL PROGRAM	☐ VENDING AT EVENT	☐ ENTRY FEE FOR PARTICIPANTS	
☐ NON-PROFIT ORGANIZATION, 5010	c#	(FEDERAL VERIFICATION MUST BE PROVIDED)	
SPECIAL NEEDS (must specify)			
AGREEMENT (Expires June 30 of current school ye	<u>ar</u> )		
		ne registered for use of school facilities and certifies that the as the authority to make this application on behalf of the	
utmost care in the use of the school premises and prope from the applicant's use of said facilities. The User/Us	erty. The applicant agrees to reimbur er Group is solely responsible for be chool district, its board of directors a	District Building Rules and Regulations and will exercise the ree the Jefferson Co. School District for any damages arising odily injury and personal damage arising out of use of the nd staff against any and all claims. I understand applicants Co. School District 509-J as an additional insured.	
		required, will invalidate the Facility User Registration and ssessed deposits prior to facility use will also invalidate the	
APPLICANT SIGNATURE		DATE	
F	OR JCSD 509-J COMPLETION O	NLY	
APPROVED, USER #	☐ APPROVED, USER # ASSIGNED USER CLASSIFICATION A☐ B☐ C☐ D☐		
☐ DISAPPROVED	CERTIFICATE OF LIABILITY INSURANCE?  YES NO		

**501(c) VERIFICATION PROVIDED?** 

**DATE** 

REASON FOR DISAPPROVAL \_\_ ADMINISTRATION SIGNATURE