

Port Townsend School District #50 Facility Usage Application

Submit to: Business Office, Lincoln Building, 450 Fir Street, Port Townsend, WA 98368 ~ (360) 379-4604

Event Title: _____	
Building(s): _____	Room(s): _____
Event Date(s) ~ Please attach schedule for ongoing events: _____	
Set Up Begin Time: _____	Event Start Time: _____
Event End Time: _____	Breakdown End Time: _____

Organization Name: _____	Contact Name: _____
On-site Representative: _____	Day Phone Number: _____
Billing Address: _____	Cell Number: _____
_____	E-Mail: _____

Required Services [Please Specify]			
Adjust Alarms _____	Lighting _____	Restrooms _____	
Audio/Visual _____	Locker Rooms _____	Sports Equipment _____	
Bleachers _____	Misc Equipment _____	Tables - Amount _____	
Chairs - Amount _____	Music Equipment _____	Other Needs _____	
Kitchen Use _____	P/A System _____		
Number of Anticipated Participants:	Adults _____	Students _____	
Will Food Be Served?	Yes _____	No _____	
Will Admission Be Charged?	Yes _____	No _____	

A Certificate of Insurance evidencing coverage and a copy of the endorsement naming the Port Townsend School District as an additional insured must be submitted to the District Business Office prior to the event.

Company: _____	Phone Number: _____
Policy Number: _____	Expiration Date: _____

In an effort to preserve District and community resources, the undersigned/organization agrees to:

- 1) Use only facilities and services as herein contracted.
- 2) No use of tobacco, alcohol, or controlled substances on school premises.
- 3) Return room to original stage, including placement of tables and chairs.
- 4) Will not expect the building to be open before time requested; the time for preparation and clean up should be included within the hours requested.
- 5) Abide by District procedures regarding care of facilities (see back of form).
- 6) Create no fire hazards.
- 7) Remove any properties, programs, or other belongings at close of program unless request is made and permission received to leave them longer.
- 8) Hold the District harmless for any loss, damage, liability, or expense that may arise as a result of using the facilities.
- 9) Provide a certificate of necessary insurance per District Policy 4260P. Liability limits are to be set at a minimum of \$1,000,000 Combined Single Limit per occurrence. **A copy of the insurance portion of the policy is on the reverse side of this form.**

CHARGES INCURRED BY DISTRICT MAY BE PASSED ON TO USER ~ DO NOT PAY UNTIL INVOICED

Date of Request: _____	Requested By: _____
Signature of Person in Charge: _____	

Fees Charged:	Rental Fee: _____	Custodial Fee: _____	Total: _____
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Route to:	() Facilities Office	() Athletic Director
	() Building Secretary	() Other _____