

Puyallup School District No. 3

Application and Agreement For Use of District Facilities

11-20-08

The Puyallup Board of Directors subscribes to the belief that public schools are owned and operated by and for its patrons. The public is encouraged to use school facilities but shall be expected to reimburse the District for such use to insure that funds intended for education are not used for other purposes. Community use of facilities is subject to the terms and conditions on this form, as well as, District Policy #4260, Regulation #4260R, and the current schedule of user fees.

School/Facility Requested: FRUITLAND ELEMENTARY

Auditorium Classroom Library Multipurpose Stage Cafeteria
 Gymnasium Kitchen Playfield Other

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
 FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

Puyallup Soccer Club
BENSON BURLISON
1313 VALLEY VIEW DR
PUYALLUP, WA 98372
pscpresident@hotmail.com

Organization _____
 Person Responsible _____
 Billing Address _____
 City, State and Zip Code _____
 E-mail Address _____

District Use Only

Home Phone: (253) 341-2104 Work Phone: (600) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:

Dates Required From: AUGUST 01, 2009 To: DECEMBER 31, 2009

Dates Not Available: _____

Time: 5-8 AM/PM Total No. of Days Used: 5 Total Hours (per each use) 243.7

Grand Total of Hours: 20 Day(s) of Week: Mon Tue Wed Thu Fri Sat Sun (Circle appropriate day(s))
8-3 SAT

Purpose:

What is the purpose of the facility use? Soccer Estimated Attendance Per Hour: _____
 Time of Event: _____ Admission: Yes/No \$ N/A Equipment Needed: _____

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):

Hold Harmless Agreement Requested (Person Responsible) Signature: [Signature]
 Certificate of Liability Required
 By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth Adult ASB-Sponsored

Principal or Designee Signature: Lauren E. Orskey Date: 11-26-08
 Superintendent or Designee Signature: [Signature] Date: 12/3/08

Estimated Fees: (To be completed by the District) **This is NOT a bill. You will be billed by our Business Office.**

Bill Monthly Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class: <u>C</u>			<u>N/C</u>		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance					
		EST. TOTALS	<u>N/C</u>		

A copy of this form must be in possession of the user at time of event.

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School/Facility Requested: KARSHNER ELEMENTARY
 Auditorium _____ Classroom _____ Library _____ Multipurpose _____ Stage _____ Cafeteria _____
 Gymnasium _____ Kitchen _____ Playfield Other _____

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
 FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

PUYALLUP SOCCER CLUB
BENSON BURLESON
1315 VALLEY VIEW DR
PUYALLUP, WA 99372
pjc.president@ohstmail.com

Organization _____
 Person Responsible _____
 Billing Address _____
 City, State and Zip Code _____
 E-mail Address _____

District Use Only

Home Phone: (253) 841-2704 Work Phone: (360) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:

Dates Required From: JULY 01 2009 To: DECEMBER 31 2009
 Dates Not Available: _____
 Time: 5-9 AM/PM Total No. of Days Used: 5 Total Hours (per each use) 243.6
 Grand Total of Hours: 18 Day(s) of Week: Mon Tue Wed Thu Fri Sat Sun (Circle appropriate day(s))
9-3 SAT

Purpose:

What is the purpose of the facility use? Soccer Estimated Attendance Per Hour: _____
 Time of Event: _____ Admission: Yes/No \$ NO Equipment Needed: _____

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):

Hold Harmless Agreement Requested (Person Responsible) Signature: _____
 Certificate of Liability Required
 By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth _____ Adult _____ ASB-Sponsored _____

Principal or Designee Signature: J Schneider Date: 12-1-08
 Superintendent or Designee Signature: _____ Date: 12/2/08

Estimated Fees: (To be completed by the District) This is NOT a bill. You will be billed by our Business Office.

Bill Monthly _____ Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class:			N/C		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance					
		EST. TOTALS	N/C		

A copy of this form must be in possession of the user at time of event.

Puyallup School District No. 3
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11-20-08

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School/Facility Requested: SNAW ROAD ELEMETARY

Auditorium _____ Classroom _____ Library _____ Multipurpose _____ Stage _____ Cafeteria _____
Gymnasium _____ Kitchen _____ Playfield Other _____

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

PUYALLUP SOCCER CLUB
BENSON BURLISON
1313 VALLEY VIEW DR
PUYALLUP, WA 98372
pbcpresident@hotmail.com

Organization _____
Person Responsible _____
Billing Address _____
City, State and Zip Code _____
E-mail Address _____

District Use Only

Home Phone: (253) 941-2704 Work Phone: (600) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:

Dates Required From: JULY 15, 2009 To: DEC 31, 2009

Dates Not Available: _____
Time: 5-8 AM/PM Total No. of Days Used: 65 Total Hours (per each use) 243 = 6
Grand Total of Hours: 18 Day(s) of Week: Mon Tue Wed Thur Fri Sat Sun (Circle appropriate day(s))
9-3 SAT NO SUNDAY

Purpose:

What is the purpose of the facility use? SOCCER Estimated Attendance Per Hour: _____
Time of Event: _____ Admission: Yes/No \$ NO Equipment Needed: _____

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):

Hold Harmless Agreement Requested (Person Responsible) Signature: _____
 Certificate of Liability Required By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth Adult ASB-Sponsored

Principal or Designee Signature: _____ Date: 11-20-08 Superintendent or Designee Signature: _____ Date: 12/4/08

Estimated Fees: (To be completed by the District) This is NOT a bill. You will be billed by our Business Office.

Bill Monthly _____ Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class: <u>C</u>			<u>N/C</u>		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance					
		EST. TOTALS	<u>N/C</u>		

A copy of this form must be in possession of the user at time of event.

12-2-08
Bldg Use #. 116009

Puyallup School District No. 3
Application and Agreement For Use of District Facilities

11-20-08

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School/Facility Requested: Spinning ELEMENTARY
 Auditorium _____ Classroom _____ Library _____ Multipurpose _____ Stage _____ Cafeteria _____
 Gymnasium _____ Kitchen _____ Playfield Other _____

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
 FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

Puyallup Soccer Club
Benson BURLISSON
1313 Valley View Dr
Puyallup WA 99372
psicpresident@hotmail.com

Organization _____
 Person Responsible _____
 Billing Address _____
 City, State and Zip Code _____
 E-mail Address _____

District Use Only

Home Phone: (253) 841-2704 Work Phone: (866) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:
 Dates Required From: August 01 2009 To: OCTOBER 31, 2009
 Dates Not Available: _____
 Time: 5-3 AM/PM Total No. of Days Used: 4 Total Hours (per each use) 3
 Grand Total of Hours: 12 Day(s) of Week: Mon Tue Wed Thur Fri Sat Sun (Circle appropriate day(s))

Purpose:
 What is the purpose of the facility use? Soccer Estimated Attendance Per Hour: _____
 Time of Event: _____ Admission: Yes/No \$ Nil Equipment Needed: -

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):
 Hold Harmless Agreement Requested (Person Responsible) Signature: _____
 Certificate of Liability Required By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth Adult ASB-Sponsored
 Principal or Designee Signature: Jacques King Date 11-25-08 Superintendent or Designee Signature: _____ Date 12/2/08

Estimated Fees: (To be completed by the District) This is NOT a bill. You will be billed by our Business Office.
 Bill Monthly _____ Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class:			<u>N/C</u>		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance					
		EST. TOTALS	<u>N/C</u>		

A copy of this form must be in possession of the user at time of event.

12-2-08

Bldg Use **116008**

11-70-08

Puyallup School District No. 3 Application and Agreement For Use of District Facilities

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School/Facility Requested: WALLER ROAD ELEMENTARY

Auditorium _____ Classroom _____ Library _____ Multipurpose _____ Stage _____ Cafeteria _____
Gymnasium _____ Kitchen _____ Playfield Other _____

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

Puyallup Soccer Club
Benson Burleson
1318 Valley View Dr
Puyallup WA 99372
psc president@hotmail.com

Organization _____
Person Responsible _____
Billing Address _____
City, State and Zip Code _____
E-mail Address _____

District Use Only

Home Phone: (253) 841-2704 Work Phone: (360) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:

Dates Required From: August 01, 2009 To: NOVEMBER 30, 2009

Dates Not Available: _____

Time: 5-8 AM/PM Total No. of Days Used: 5 Total Hours (per each use) 3 x 6

Grand Total of Hours: 18 Day(s) of Week: Mon Tue Wed Thu Fri Sat Sun (Circle appropriate day(s))
9-6

Purpose:

What is the purpose of the facility use? Soccer Estimated Attendance Per Hour: _____
Time of Event: _____ Admission: Yes/No \$ NO Equipment Needed: _____

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):

Hold Harmless Agreement Requested (Person Responsible) Signature: _____
 Certificate of Liability Required By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth Adult ASB-Sponsored

Principal or Designee Signature: _____ Date: 11/26/08 Superintendent or Designee Signature: _____ Date: 12/2/08

Estimated Fees: (To be completed by the District) This is NOT a bill. You will be billed by our Business Office.

Bill Monthly _____ Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class: <u>C</u>			<u>N/C</u>		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance					
		EST. TOTALS	<u>N/C</u>		

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School/Facility Requested: WOODLAND ELEMENTARY
 Auditorium _____ Classroom _____ Library _____ Multipurpose _____ Stage _____ Cafeteria _____
 Gymnasium _____ Kitchen _____ Playfield Other _____

PLEASE PRINT YOUR NAME AND ADDRESS FIRMLY AND NEATLY. IT WILL BE USED FOR MAILING THIS FORM.
 FORM WILL NOT BE PROCESSED WITHOUT A BILLING ADDRESS AND PHONE NUMBER.

Puyallup Soccer club
BENSON BURLESON
1318 VALLEY VIEW DR
Puyallup WA 99372
pssc@president.com

Organization _____
 Person Responsible _____
 Billing Address _____
 City, State and Zip Code _____
 E-mail Address _____

District Use Only

Home Phone: (253) 841-2704 Work Phone: (360) 337-5777 Cell Phone: (253) 227-6632

Time and Dates:

Dates Required From: AUGUST 01, 2009 To: NOV 30, 2009
 Dates Not Available: _____
 Time: 5-8 AM/PM Total No. of Days Used: 5 Total Hours (per each use) 3 x 7
 Grand Total of Hours: 20 Day(s) of Week: Mon Tue Wed Thur Fri Sat Sun (Circle appropriate day(s))
8-3

Purpose:

What is the purpose of the facility use? Soccer Estimated Attendance Per Hour: _____
 Time of Event: _____ Admission: Yes/No \$ NO Equipment Needed: _____

If special needs are required (such as handicapped access), call Facilities at 253.841.8642

Hold Harmless/Financial Responsibility (see back of form):

Hold Harmless Agreement Requested (Person Responsible) Signature: [Signature]
 Certificate of Liability Required By signing, the User indicates he/she has read, understands, and agrees to the Terms And Conditions on the backside of this application

Approval: Youth Adult ASB-Sponsored

Principal or Designee Signature: [Signature] Date: 11/24/08 Superintendent or Designee Signature: [Signature] Date: 11/25/08

Estimated Fees: (To be completed by the District) This is NOT a bill. You will be billed by our Business Office.

Bill Monthly _____ Location Code: _____ Budget Code: _____

	Estimated Hours	Rate	Estimated Cost	Actual Hours	Actual Billing
Rental Group Class: <u>C</u>			<u>N/C</u>		
Operational Costs:					
Custodian					
Stage Manager					
Food Service					
Supervisor					
Other					
Insurance			<u>N/C</u>		
		EST. TOTALS			

A copy of this form must be in possession of the user at time of event.