

# Bridgeport School District

PO Box 1060  
Bridgeport, WA 98813  
(509) 686-5656

## APPLICATION FOR USE OF SCHOOL FACILITIES FAMILY/COMMUNITY FUNCTIONS

Organization \_\_\_\_\_

Physical and Mailing Address \_\_\_\_\_

Person in Charge \_\_\_\_\_ Telephone \_\_\_\_\_

PURPOSE: Nature or Purpose of Meeting \_\_\_\_\_

DATE/TIME: Date(s) Facilities to be used \_\_\_\_\_

Hours: From: \_\_\_\_\_ to \_\_\_\_\_

Unless otherwise arranged it is understood that the building will be open 1/2 hour before and after the time requested.

FACILITY (IES) TO BE USED: (specify) \_\_\_\_\_

(i.e.: multipurpose room, middle school gym, etc) Use only facilities and equipment requested.

EQUIPMENT: (specify) \_\_\_\_\_

Approximate Number Expected: Audience \_\_\_\_\_ Performers \_\_\_\_\_ Total \_\_\_\_\_

TYPE OF SUPERVISION THAT WILL BE PROVIDED \_\_\_\_\_

AGREED RENTAL CHARGES \_\_\_\_\_ DEPOSIT \_\_\_\_\_  PAID \_\_\_\_\_ Signature \_\_\_\_\_

Estimated costs for additional items (Custodian, equipment, etc) \_\_\_\_\_  
Billing and collection of exact charges will be made by the Business Office, PO Box 1060, Bridgeport, WA 98813.

**AGREEMENT:** The undersigned hereby makes application to Bridgeport School District 75 for the use of school facility described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations of the Boards of Education and of the Superintendent of the School in which the facility (ies) are requested. The applicant agrees to exercise the utmost care in the use of the school premises and property and to save the Bridgeport School District harmless from all liability resulting from the use of said facilities and further agree to use only those facilities indicated above. Applicant further agrees to read and abide by the Rules and Regulations set forth by Bridgeport Board of Education and State Superintendent of Public Instruction. If requested the applicant may be required to furnish the Bridgeport School District with proof of Liability Insurance in amounts of not less than \$100/300,000 Bodily Injury Liability and \$25,000/25,000 Property Damage and such policy shall Acknowledge that the Hold Harmless clause contained in this agreement is insured therein. Scheduled school activities will have first priority on use of facilities.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

<b>For District Office Use Only</b>	
Application is:	Check if:
<input type="checkbox"/> Accepted	<input type="checkbox"/> Copy of approved City Permit for event is attached.
<input type="checkbox"/> Rejected	<input type="checkbox"/> City Permit not necessary (explanation is attached).
_____ Signature of Superintendent	_____ Date

Original: Bridgeport School District Office  
CC: Applicant, Building Principal, Building Secretary, Give notice to Head maintenance, building custodian