

NORTH CLACKAMAS SCHOOL DISTRICT — Milwaukie High School
FACILITY USE REQUEST: APPLICATION FOR USE AND INVOICE

**Instructions: Submit to Milwaukie High School, 11300 SE 23rd Ave., Milwaukie, OR 97222
 Fax 503.353.5845**

1. FACILITY INFORMATION

Area to be used _____

Day(s) of week M T W TH F S Sun

Time of use: From: _____ to _____

Equipment & services needed _____

Dates of use: From: _____ to _____

Frequency of use: Weekly Monthly Other

Will food and/or beverages be served? Yes No

Note: Food plans need to be approved. Restrictions apply.

Food Plans: _____ () Approved () Not approved

2. APPLICANT INFORMATION

Applicant/organization _____

Contact Person _____

Advisor _____

Day phone _____

Purpose of use _____

Evening phone _____

Estimated Attendance: _____

Address _____

of Adults _____ # of Youth _____

City/State/Zip _____

E-mail Address _____

The undersigned hereby agrees to comply with all regulations governing the use of the facilities as established by the Board of Education of North Clackamas School District #12. The undersigned will exercise due care in the use of the facilities and pay for such damages as may arise from such use. The undersigned is solely responsible for loss, damage, accidents and personal injury arising out of use of the facility and agrees to indemnify and hold harmless the school district, its Board of Directors and staff from and against any and all claims. Applicants may be required to show proof of insurance.

Applicant Signature _____ Date _____

3. FEE INFORMATION

This section is *for office use only*. User Classification: A B C D E F G

User fees	# Hours	Rate	Total
Midweek			
Weekend			
Rental	# Hours	Rate	Total
Gym(s)			
Café			
Library			
Kitchen			
Other			

Personnel	# Hours	Rate	Total
Cleaning			
Kitchen			
Other			
Utilities	#Hours	Rate	Total
Gym(s)			
Café			
Library			
Kitchen			
Other			

FACILITY USE FEE: \$ _____

Make checks payable to: Milwaukie High School

4. ACTION _____

5. PAYMENT _____

Facility Coordinator/Assistant Principal _____ Date _____

Amount Received _____ Received by _____ Date _____
 •Cash •Check •VISA/MC