



LAKE OSWEGO SCHOOL DISTRICT

APPLICATION AND CONTRACT FOR USE OF FACILITIES

CHOOSE A LOCATION:

- Forest Hills Elementary
- Hallinan Elementary
- Lake Grove Elementary

- Oak Creek Elementary
- Palisades Elementary
- River Grove Elementary

- Uplands Elementary
- Westridge Elementary
- Multi-Purpose Room

- Lake Oswego Junior High
- Lakeridge Junior High
- Lake Oswego High School
- Lakeridge High School

Purpose of use: _____

Expected Attendance: _____

EVENT INFORMATION			
Rental Dates		Start Time (including set up)	End Time (including clean up)
_____	<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	_____	_____
_____	<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa	_____	_____

EQUIPMENT

- Chairs Quantity: _____
- Microphone set up Location: _____
- Tables Quantity: _____
- TV/VCR/Screen Location: _____
- Risers Quantity: _____
- Podium Location: _____

Other needs for this event: _____

FACILITY CHARGES				
Facility/Component	Number of Hours	Rate	Estimated Costs (District Use Only)	Actual Costs (District Use Only)
Black Box Theater (cap=100)	_____	\$75/hour	_____	_____
Rotunda (LHS only, cap=100)	_____	\$75/hour	_____	_____
Gymnasium If LHS: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both If LOHS: <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Both	_____	\$75/hour	_____	_____
Cafeteria	_____	\$60/hour	_____	_____
Library	_____	\$50/hour	_____	_____
Classrooms	_____	\$30-\$75/hour (depending on space)	_____	_____
Custodian	_____	\$40/hour	_____	_____
Audio Visual (Projector, TV/VCR, Projection Screen)	xxxxxxx	\$10/day	_____	_____
Processing Fee	xxxxxxx	\$10	\$10	_____
Utility Charge	_____	\$15/hour (\$45 maximum) per day	_____	_____
Other Charges (additional garbage, portable restrooms, groundsman, food service)	_____		_____	_____
Building Repair	xxxxxxx		_____	_____
TOTALS	xxxxxxx	xxxxxxx	_____	_____

BILLING INFORMATION

A 50% deposit is required to reserve space for this request. Please make checks payable to Lake Oswego School District Community School, PO Box 70, Lake Oswego, OR 97034. **Final payment for facility rentals by outside users must be provided no later than 5 days prior to the event.**

Contact Name: _____	Group Name: _____
Billing Address: _____	City/State/Zip: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	FAX Number: _____
Email Address: _____	

1. The **DISTRICT** agrees to provide the facilities listed on the reverse side of this form. It is further agreed that said facilities will be in reasonable working order.
2. The **USER** agrees to the following:
 - To observe all federal and state laws, policies of the **DISTRICT** (a copy of which is available for review upon request) and regulations of the Superintendent or principal of the school where the premises to be rented are located.
 - To permit no smoking or other uses of tobacco products, alcoholic beverages or other controlled substances on **DISTRICT** property.
 - To hold the **DISTRICT** harmless for any malfunction, injury, liability, or property damage incurred by person or persons using **DISTRICT** facilities.
 - To make restitution for any damage incurred during use of the facility.
 - To certify that the organization has an open membership and complies with all federal, state and municipal equal opportunity laws and regulations regarding discrimination.
 - That all classifications requiring any additional custodial work will be charged. The facility user is required to leave the premises in condition found or better. School district facilities are currently being maintained with a significant reduction in the custodial work force. It is important that every individual help to maintain our community resources.
 - Applicants agree that the use of the facilities and this application shall be revocable by the **DISTRICT** at any time.
 - **INSURANCE: A copy of Certificate of Insurance must be on file at site and at the Community School office.**

The applicant's proposed activities are covered by liability insurance policy in a minimum amount of \$1,000,000 issued by _____, A certificate of insurance with endorsement naming Lake Oswego School District as additional insured must be provided by the undersigned to the District prior to any use.

USER Representative Signature _____	DATE _____
FACILITY/SCHOOL Signature _____	DATE _____
DISTRICT SUPERVISOR Signature _____	DATE _____

USER's Insurance has been provided

Please return this form to
 Lee Gates
 LOSD Community School
 PO Box 70
 Lake Oswego, OR 97034

Or via e-mail to lee.gates@loswego.k12.or.us

Questions? 503-534-2339