

800 Oakesdale Ave SW • Renton, WA 98057 • 425-917-7658 • 425-917-7659
Please email application to Hector Donis (<u>hdonis@psesd.org</u>) or Pat Alfonso (<u>palfonso@psesd.org</u>)

FACILITY USE RENTAL APPLICATION

GROUP/ORGANIZATION:				
CONTACT PERSON:		PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:	
FAX: EMAIL	ADDRESS:			
ALTERNATE CONTACT PERSON:		PHONE:		
BUDGET CODE (FOR INTERNAL STAFF ONLY):				
EVENT NAME:		NUMBER OF ATTE	NDEES:	
DAY(S) OF THE WEEK:	DATE(S) :			
**STANDARD SET-UP TIME ALLOWS 30 MINUTES PR YOU NEED MORE THAN 30 MINUTES?	RIOR TO EVENT FOR GROUP TO GET INT	O ROOM TO GET RE	ADY FOR EVENT. DO	
IF YES, HOW MUCH TIME ARE YOU REQUESTING? P	PLEASE BE SPECIFIC:			
ROOM START TIME:	ROOM END TIME:			
EVENT START TIME:	EVENT END TIME:			
SPECIAL REQUESTS (ie. ADA, space issues, etc.):				
EQUIPMENT REQUESTED:				
WIRELESS HANDHELD MICROPHONE	LCD PROJECTOR	WIR	RELESS INTERNET	
ADA ADJUSTABLE TABLE	DOCUMENT CAMERA	K-20	0 POLYCOM*	
OTHER:	FLIP CHART STAND	SPE	AKERPHONE	

^{*} PLEASE COMPLETE SEPARATE K-20 POLYCOM FORM



800 Oakesdale Ave SW • Renton, WA 98057 • 425-917-7658 • 425-917-7659 Please email application to Hector Donis (<u>hdonis@psesd.org</u>) or Pat Alfonso (<u>palfonso@psesd.org</u>)

FACILITY USE RENTAL APPLICATION

ROOM SET-UP:	PODS	RECTANGULAR	THEATRE	
U-SHAPE	CLASSROOM	CHEVRON CLASSROOM		
OTHER:				
OTHER INFORMATION NOT STATED ABOVE:				

Rental fees include a non-refundable \$50 booking fee per room which will be assessed if an event is cancelled or changed. Events cancelled less than 30 days prior will be assessed a cancellation fee that equals 50% of the total rental fee. Events that are cancelled less than 7 days prior to the event will be assessed the full rental fee.

The PSESD Conference Center is fortunate enough to have Act 3 Catering as our vendor for our on-site kiosk. Act 3 will also be the new exclusive caterer for all events held at the PSESD.

To make catering arrangements, please contact Aaron Kaiser:

Phone - 425-251-9102 Fax - 425-251-0845

E-mail - aaron@act3catering.com

The user is required to provide proof of general liability coverage through a Certificate of Liability Insurance of no less than \$1 million per occurrence. The Puget Sound ESD must be named as additionally insured in the Description portion of the Certificate and as a Certificate Holder on said policy. Coverage cannot be cancelled or reduced without thirty (30) day's written notice to the District.

A Letter of Evidence of Coverage stating minimum coverage for Self-Insured entities is also acceptable. Applicant expressly agrees to secure the aforementioned insurance coverage. If use of the District's facilities is to be ongoing, the applicant shall provide a new Certificate of Liability or Evidence of Coverage Letter thirty (30) days prior to the anniversary date of their current coverage document on file with the District.

VERIFICATION AND CONFIRMATION: I hereby request the use of the above facility on the stated date and agree to all terms, conditions and rules of the Puget Sound ESD. I and/or my organization agree to the following:

- 1) Financially responsible to the Puget Sound ESD for the use of and care of the facility and/or equipment.
- 2) I have read and understand the user guidelines about use of the conference center.
- 3) The character of the activity will conform with the description in the application.
- By signing below, this applicant agrees to protect, indemnify, and hold harmless the Puget Sound ESD, its elected and appointed officials, employees, agents and staff from any and all claims, liabilities, damages, expenses or rights of action, directly or indirectly attributable to the User's activities and/or use of premises in connection with this agreement.