

# FACILITY USE APPLICATION

FORM 4260A

South Kitsap School District No. 402  
 2689 Hoover Ave. SE  
 Port Orchard, WA 98366  
 360.874.7000

**SUBMIT AT LEAST THREE (3) WEEKS PRIOR TO USE**

Please complete, sign and return with a Certificate of Insurance. A confirmation will be mailed to the address listed below. **Applications submitted without insurance will not be accepted.** User/Group Name must match insured name on Certificate of Insurance.

**NOTICE: APPLICANT HAS NO RIGHT TO USE FACILITY UNTIL SIGNED APPROVED PERMIT IS ISSUED**

User/Group Name \_\_\_\_\_ Responsible Person \_\_\_\_\_

Billing Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Email address: \_\_\_\_\_

<b>Facility Requested:</b> _____ Will you be serving food? Yes ___ No ___ Approximate Attendance: _____ Adult _____ Youth _____	<b>Event/Purpose of Use:</b> _____
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- |                                     |                                       |   |  |  |                                    |
|-------------------------------------|---------------------------------------|---|--|--|------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Commons      | <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Junior High Stage | <input type="checkbox"/> Playshed      | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Band Room  | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Concessions      | <input type="checkbox"/> Library           | <input type="checkbox"/> Sports Field  | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Choir Room | <input type="checkbox"/> Gym (Aux)    | <input type="checkbox"/> Stadium Restroom | <input type="checkbox"/> Multipurpose Room | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Gym (Main)   | <input type="checkbox"/> Library          | <input type="checkbox"/> Conference Room   | <input type="checkbox"/> Parking Lot   | <input type="checkbox"/> Other     |

- Information Technology Department Computer Lab** – Requires ITS approval and may include required supervision for extra fee
- Win Granlund Performing Arts Center (South Kitsap High School)** – Requires Theater Manager approval  
 \*Additional Cost for Theater Management, Stage Crew, and Equipment will be assessed. Refer to the SKSD Facility Use Rates for theater equipment use charges.
- South Kitsap High School Pool** – Requires application with Pool Management

**Equipment Requested: (Subject to approval - not all equipment is available in all schools.)**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Bleachers In             | <input type="checkbox"/> Microphone             | <input type="checkbox"/> Score Board/Clock | <input type="checkbox"/> Video Conferencing   |
| <input type="checkbox"/> Bleachers Out            | <input type="checkbox"/> Overhead Projector     | <input type="checkbox"/> Slide Projector   | <input type="checkbox"/> Video Projector      |
| <input type="checkbox"/> Chairs # _____           | <input type="checkbox"/> Overhead Screen        | <input type="checkbox"/> Soccer Goal Posts | <input type="checkbox"/> Volleyball Standards |
| <input type="checkbox"/> Concessions Equip.--SKHS | <input type="checkbox"/> Piano (Grand)          | <input type="checkbox"/> Sound System      | <input type="checkbox"/> Whiteboard           |
| <input type="checkbox"/> Field Lights             | <input type="checkbox"/> Piano (Upright)        | <input type="checkbox"/> Stereo            | <input type="checkbox"/> Wrestling Mats       |
| <input type="checkbox"/> Hoops Up                 | <input type="checkbox"/> Podium                 | <input type="checkbox"/> Tables #          | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Hoops Down               | <input type="checkbox"/> Risers (band or choir) | <input type="checkbox"/> TV/VCR/DVD        | <input type="checkbox"/> Other _____          |

**Event Set-Up Assistance:** Indicate type of setup (row seating, U-shaped, tables/chairs, parking lot assistance, etc.)

Approximate Attendance: \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_

Fundraiser? Yes  No  If yes, Name of Professional Fundraising Organization \_\_\_\_\_

List ALL Dates (For requests such as "2 <sup>nd</sup> Tuesday of the month" attach a sheet with actual dates)	Circle Day(s) of Week	Time Facility to be Available	Actual Time Event Starts	Actual Time Event Ends
	M T W Th F S Su			
	M T W Th F S Su			
	M T W Th F S Su			

It is agreed that this application is made subject to the general regulations for use of the public school buildings. The undersigned agrees that these rules shall be strictly observed and accepts entire responsibility for the enforcement of them and agrees to protect the premises and indemnify the school district for any damage due to the occupancy of the buildings or grounds covered by this permit. It is understood and agreed to by the applicant that this permit may be revoked or cancelled at any time with or without cause and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damage, or expense whatsoever. The applicant further agrees to protect, indemnify and save harmless the district and its officers and employees from any claims, liabilities, damages, allegations, or rights of action directly or indirectly resulting from the use of the premises covered by this application. The applicant has read and understands the Guidelines for Use of School Facilities.

➔ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_