

FACILITY USE CONFIRMATION PERMIT

Event name Requested Building/Site Principal/Director Approval Signature

District contact Person Phone Number (Pager #)

**Please check in with this person upon arrival and have this permit with you.

FACILITY INFORMATION

Dates Reserved

Dates: Estimated Attendance Hours

Total Hours/Days:

Approved Area(s): Arrival time Departure Time

Approved Equipment:

Approved Staff Time: Hours

Other:

Special Instructions:

Business Use Only
Charge: _____
Charge: _____
Charge: _____
Charge: _____
Total Charges: _____
Permit # Date Issued

CUSTOMER INFORMATION

Name of Applicant/Organization Name of Person in Charge

Billing Address Phone

Phone

Additional charges will be assessed if damages occur or time exceeds request.
If you do not agree to the charges as outlined, please notify the Business Office, 360-874-7020 within three working days of receipt of this permit.