



Pleasant Hill School District #1

36386 Highway 58

Pleasant Hill, OR 97455

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Policy KG-AR

Adopted 1/10/2000; Revised/Readopted: 09/14/2020

FACILITY USE REQUEST FORM

Gyms/Fields/Parking Lots

Organization Name: _____ Non-Profit? Yes No

Activity: _____

Contact Person: _____

Street Address: _____ City: _____ ST: ___ Zip: _____

Phone: _____ Other Phone: _____ Email: _____

Number of people expected _____ Is event open to the public? Yes No

Location Requested to Use _____

Day(s) of the week: Mon Tues Wed Thu Fri Sat Sun

Start Date: _____ End Date: _____

Start Time: _____ AM PM End Time _____ AM PM

Please Note: Times reserved must include set up and clean up time.

<input type="checkbox"/> Class I	PHSD sponsored activities for students, parents and related organizations
<input type="checkbox"/> Class II	Civic & service use - Non-profit community service groups
<input type="checkbox"/> Class III	Private Events/Celebrations
<input type="checkbox"/> Class IV	Profit groups or individuals

Location	Class I	Class II	Class III	Class IV
Gyms	Free	\$15/hr	\$25/hr	\$35/hr
Fields	Free	\$20/hr	\$30/hr	\$40/hr
Parking Lots	Free	None	\$10/hr	\$20/hr

Additional Requests		
Custodial Service?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food/drink Served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat/AC Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- A \$50 refundable deposit security/cleaning deposit will be collected in advance of activity.
- An additional fee of \$25/hr will be added for use of field lights
- An insurance binder may be required. You will be notified upon approval of activity.
- Please follow alarm system instructions carefully. Failure to key into and out of district facilities may result in additional security charges. Security services are \$45 per hour. Please be sure you know how to properly use the system. If issued, all keys are to be returned at the end of your event unless other arrangements have been made with the district office.

*Custodial service may be required. Contact the District Office for a fee estimate.

IT IS MY UNDERSTANDING, AS CONTACT PERSON FOR ORGANIZATION, THAT:

1. Only the facilities requested will be used.
2. Times and dates as specified shall be adhered to and notification to the district office is necessary if there is to be any change.
3. Every effort will be made to maintain cleanliness and care of the facility.
4. Any damage of items in need of attention/repair will be reported to the district office upon leaving or by the next business day.
5. It will be necessary to relinquish use of the facility if a school function is scheduled on the same date.
6. Cooperation is expected in order to make facilities available to all groups.
7. Key will be returned, if issued, as per instruction at time of issue.
8. Rules as posted or otherwise provided must be followed.
9. Failure to abide by the terms of this agreement may result in the denial of further use.
10. The school utilizes an electronic surveillance system. Please key in and out properly. Failure to do so may result in an additional charge.
11. User certifies to have read this document and fully understand its contents.

Contact Person Signature _____

Date: _____

Superintendent Signature _____

Date: _____

INSURANCE BINDER GUIDELINES

Any Class IV user and some Class II & III users must obtain and maintain a General Liability Insurance Policy naming Pleasant Hill School District No. 1 as the additionally insured with the following limits:

\$2,000,000 General Aggregate, including wrongful acts and sexual molestation, \$1,000,000 each occurrence

\$1,000,000 Personal and Advertising Injury, \$1,000,000 Damage to Rented Premises

\$10,000 Medical Expense, Waiver of subrogate on Worker's Compensation coverage

Certificate of insurance needs to be provided to the district prior to using the facilities.

(FOR OFFICE USE)

Availability confirmed by _____

Date ___/___/___

Building approval: Signature _____

Date ___/___/___

Insurance Binder Received: Yes No N/A

Date ___/___/___

Key #: _____ issued. On: ___/___/___

Returned on ___/___/___

Contact Person Notified by _____

Date ___/___/___

Estimate of Fees:

Facility charge \$_____ per hour x _____ hours = \$_____

Custodial costs \$_____ per hour x _____ hours = \$_____

Security/Cleaning Deposit \$_____

Total Estimate for Use \$_____

Pre-Payment of \$_____ received ___/___/___ by Cash Check no:

_____ Additional charges incurred \$_____

Security/Cleaning deposit (refunded) or additional payment due \$_____

Pd ___/___/___