

### In-House Facility Use Application

#### BEFORE AND AFTER SCHOOL USE BY DISTRICT EMPLOYEE/PTSA REPRESENTATIVE

**PLEASE SUBMIT AT LEAST TWO (2) WEEKS IN ADVANCE**

Issaquah School District No. 411  
Attn: Facility Use Specialist  
5150 220 Ave SE  
Issaquah, WA 98029  
Phone: 425-837-7127  
Email: [DoskyM@issaquah.wednet.edu](mailto:DoskyM@issaquah.wednet.edu)

Date received by District: \_\_\_\_\_

Please complete and mail inter-district to the Facilities office. A Reservation Confirmation will be e-mailed.

SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

ROOM(S): \_\_\_\_\_

Have you checked the ISD website for Feeder School Conflicts? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list ALL requested dates (attach sheet if necessary):

Check day(s) of the week: M  T  W  TH  F  S  SU

Actual Time of Event: \_\_\_\_\_ to: \_\_\_\_\_

Time entering building (setup): \_\_\_\_\_ Time leaving the building (cleanup): \_\_\_\_\_

Type of Meeting/Activity: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age of Participants: \_\_\_\_\_

Is food being served? Yes  No  Is access to the kitchen needed? Yes  No

Setup needs: # of chairs: \_\_\_\_\_ #of tables: \_\_\_\_\_ Which kind? \_\_\_\_\_

P/A system:  \_\_\_\_\_ Piano:  \_\_\_\_\_

Additional requests: \_\_\_\_\_

Please indicate type of setup (row seating, u-shape, tables/chairs, etc.):

Please attach a diagram of the setup if custodian help is needed.

*\*PTA events over 150 people will need to request a 3-hour custodian. Custodian coverage is \$40.00 per hour.*

**PLEASE PRINT:**

Your Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_