



# Snoqualmie Valley School District 410

8001 Silva Avenue SE, PO Box 400, Snoqualmie WA 98065

Phone (425) 831-8000 FAX (425) 831-8040

## FACILITY SCHOOL BUILDINGS USE APPLICATION

- All applications must be turned in **ten (10) business days** prior to requested date.
- Your rental application is not approved until all administrative signatures and proper forms are in place. You will be notified via e-mail.
- A Certificate of Liability Insurance is required for all rentals.
- The attached HEAD INURY compliance form must be returned with the rental packet for any activity involving Youth Sports.

### Rental Fees Schedule (all rental applications must include a **\$20** processing fee)

	Group I	Group II	Group III	Group IV
<b><u>School Facilities</u></b>				
Classrooms - Per Hour	\$0.00	\$15.00	\$20.00	\$35.00
Library - Per Hour	\$0.00	\$25.00	\$35.00	\$50.00
Music/Choir Room – Per Hour	\$0.00	\$20.00	\$30.00	\$60.00
Meeting Rooms - Per Hour	\$0.00	\$25.00	\$35.00	\$50.00
Parking Lots - Per Day	\$0.00	\$40.00	\$40.00	\$70.00
Gymnasium - Per Hour	\$0.00	\$20.00	\$30.00	\$60.00
Multi-Purpose/Commons - Per Hour	\$0.00	\$20.00	\$35.00	\$80.00
Wildcat Court MSHS-Per Hour	\$0.00	\$25.00	\$35.00	\$50.00
Locker Rooms - Per Event	\$0.00	\$60.00	\$70.00	\$110.00
Sports Fields - Per Hour	\$0.00	\$10.00	\$20.00	\$35.00
Running Track - Per Hour	\$0.00	\$35.00	\$65.00	\$150.00
<b><u>Equipment</u></b>				
Chairs / per 25	\$0.00	\$20.00	\$30.00	\$50.00
Projector	\$0.00	\$25.00	\$25.00	\$50.00
AV Equipment	\$0.00	\$20.00	\$40.00	\$75.00

### **Employees (required for all rentals if rental occurs outside regular work hours)**

	Regular	Overtime
Custodial - Per Hour	\$30.00	\$45.00
Cooks - Per hour	\$25.00	\$36.00

### **Extensive Setup Fee**

Any group requiring extensive setup and cleanup, or groups larger than 100 in attendance may be charged a setup fee

\*These rates can be adjusted without prior notification as a result of increased energy costs.

**PLEASE SUBMIT 10 BUSINESS DAYS IN ADVANCE WITH \$20 NON-REFUNDABLE PROCESSING FEE TO REQUESTED SCHOOL**  
**APPLICATION IS NOT APPROVED UNTIL BUSINESS OFFICE RETURNS SIGNED APPLICATION VIA EMAIL**

<b>SCHOOL REQUESTED:</b> _____	<b>SPACE(S) REQUESTED:</b> _____
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Name of Organization: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name of Representative/Contact Person at the Event:  
 \_\_\_\_\_

BILLING Address: \_\_\_\_\_ City-State-Zip: \_\_\_\_\_

BILLING EMAIL(S): \_\_\_\_\_ BILLING CONTACT NAME: \_\_\_\_\_

TYPE OF MEETING/ACTIVITY: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_ Is Food Being Served? Yes / No **Kitchen Needed? Yes / No**  
**(If Food is being served you will need a Food Handlers Permit)**

Type of Rental	Dates of Use	Hours of Use	
<input type="radio"/> One Time Use	Date:	From	To
<input type="radio"/> (circle) Weekly- M T W TH F S S	*Start Date	From	To
	End Date		
<input type="radio"/> Long Term (over 3 mo.) see below	*Start Date	From	To
	End Date		

\* **ATTACH DETAILED CALENDAR/DATES/TIMES** \*\* NOTE: Any change to original schedule may be assessed a \$5 **CHANGE FEE**.

**Equipment Needed / Additional Requests:** \_\_\_\_\_

Applicant/Organization shall **provide proof of general liability coverage** of no less than \$1 million dollars per occurrence. SVSD must be named as additional insured on said policy. Coverage shall not be cancelled or reduced without thirty (30) days written notice to the district.  Attached

Youth Sports Programs – Pursuant to H.B. 1824, the Applicant has read and agrees to fully comply with the State of Washington requirements for concussion and head injury education, prevention, and management. Access to facilities under this Agreement will not be granted until all requirements are complete and approved by SVSD and/or designee. (**Head Injury Form** attached – (Fill out and return if applicable) \_\_\_\_\_ (Applicant Initials))

Your signature acknowledges that you have read and understand SVSD Policies regarding facility rental (attached) and **commits to pay all fees associated with this rental**. Your signature further acknowledges that you are authorized to sign on behalf of the Applicant/Organization and that the Applicant/Organization agrees to protect, defend, indemnify, and **save harmless the District** and its officers and employees from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. The Applicant/Organization further agrees to reimburse SVSD for any damage arising from the Applicant's use of said facility. \_\_\_\_\_ (Applicant Initials)

The Snoqualmie Valley School District complies with all federal and state statutes and regulations and does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal, and provides equal access to the Boy Scouts and other designated youth groups. This holds true for all district employment and student opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer and Section 504/ADA Coordinator, Nicole Fitch, P.O. Box 400, Snoqualmie, WA 98065, or phone 425-831-8015.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DISTRICT USE ONLY	Non-Refundable Processing Fee: \$15
User Fee: \$ _____ X _____ = \$ _____ (x _____ = _____) Rate Hours Total PER USE multiple uses TOTAL	Date Received: _____
Equipment / Other Charges: Item _____ \$ _____ Item _____ \$ _____	Received by: _____
Required Staff: Standard \$ _____ X _____ = \$ _____ Rate Hours Total	Check #: _____
<b>TOTAL ESTIMATED CHARGES \$ _____</b>	<b>USER CLASSIFICATION</b>
	I – School Related <input type="radio"/>
	II – Youth Oriented <input type="radio"/>
	III – Adult Oriented <input type="radio"/>
	IV – Profit / Commercial <input type="radio"/>

**Operations Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Compliance Statement for HB 1824, Youth Sports – Concussion/Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness Form**

**Access to Snoqualmie Valley School District facilities may not be granted until all requirements of this application are complete and approved by the Snoqualmie Valley School District prior to your group’s first practice/competition (attach to building/facility use request form).**

**Snoqualmie Valley School District Compliance Statement for HB 1824, Youth Sports- Concussion/Head Injury Policies and for SB 5083, Sudden Cardiac Arrest Awareness**

\_\_\_\_\_, Requests the use of \_\_\_\_\_  
(Name of renting organization) (Site Name)

A Snoqualmie Valley School District facility for the following dates: \_\_\_\_\_

\_\_\_\_\_, a private non-profit youth sports group, verifies all coaches, athletes, and their parents/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** As prescribed by SB 5083, section 3.

Attached is a Proof of Insurance under an accident and liability policy issued by an insurance company authorized to do business in **Washington State**, covering any injury or damage with at least \$500,000 due to bodily injury or death of one person, or at least \$1,000,000 due to bodily injury or death of two or more persons.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

\_\_\_\_\_  
Representative of Private Non-Profit Youth Sports Group

\_\_\_\_\_  
Date

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