

Application for Use of Facilities

Omak School District #19
P.O. Box 833; Omak, WA 98841
(509) 826-0320

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Group Making Request _____ Date of Request _____

Person or Agent _____ Work Phone _____ Home Phone _____

Mailing Address _____

Building/Facility Requested _____

Date(s) and Times Needed (Include Rehearsal Dates) _____

Brief Description of Event _____

I agree to be responsible for the conduct of the audience in and about the building for any damage beyond ordinary wear and tear which may occur to school property incident to my occupancy thereof and for required cleanup. I agree to identify the exits to all attendees and participants. I also hereby agree to indemnify and hold harmless the Omak School District from any and all claims, loss, cost or damage arising out of the use of the building covered by this application. I further agree that the school property will be used in accordance with the policies and regulations of the Omak School District.

Facilities Needed (check)			
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Locker Rooms	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Library	<input type="checkbox"/> Classroom
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Gym	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Specific Area _____			
Personnel Needed (check)		<input type="checkbox"/> Light Board and/or Sound Board Operator(s)	
<input type="checkbox"/> Regular school cafeteria employee must be on duty in kitchen		<input type="checkbox"/> Custodian	
<input type="checkbox"/> Flyman		<input type="checkbox"/> Follow Spot Operator(s)	
<input type="checkbox"/> Stage Hand(s) other than resident technician		<input type="checkbox"/> Other _____	
Equipment Needed (check)			
<input type="checkbox"/> House Lights Only	<input type="checkbox"/> Light Control Panel	<input type="checkbox"/> Sound System	<input type="checkbox"/> Tables
<input type="checkbox"/> Choral Risers	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Orchestra Shell	<input type="checkbox"/> Chairs
<input type="checkbox"/> Slide Projector	<input type="checkbox"/> Movie Projector	<input type="checkbox"/> Follow Spot(s)	<input type="checkbox"/> Fly System (other than for soft goods)
<input type="checkbox"/> Extension Cords	<input type="checkbox"/> Piano	<input type="checkbox"/> Media Equipment	
<input type="checkbox"/> VCR	<input type="checkbox"/> Soft Goods (travelers legs, boarders, etc.)		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Specific Equipment _____		

Signature of Applicant _____

To Be Completed by School District:		Initial	District Office _____
Charges:			Custodian _____
_____ @ \$			Technician _____
_____ @ \$			Theater Manager _____
_____ @ \$			Vocational Director _____
_____ @ \$		Athletic Director _____	
		Activities Director _____	
		Teacher _____	
	Total _____		
Special Conditions _____			
The right is reserved to cancel this permit at any time. Proof of liability coverage may be required. Omak School District insurance covers the District's liability not the liability of the user.			
Signature of Principal or Superintendent/Designee _____		Signature of Resident Technical Director _____	